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ABSTRACT

This staff training manual, the third volume of a three-volume set of materials for use in training paraprofessional refugee workers, deals with intercultural counseling and interviewing skills. Covered in the individual units are the role of the human service worker; intercultural perspectives on healing; an introduction to casework; communication skills; techniques to encourage communication; problem-solving approaches; the Gestalt, rational-emotive, and client-centered counseling approaches; psychoanalytic interviewing and counseling skills; crisis intervention; working with refugee adolescents; working with families; wife abuse; child abuse and neglect; group work; and case presentations. Each unit contains a list of objectives and instructional text that may include discussion questions and exercises. (MN)

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WORKING WITH REFUGEES: A MANUAL FOR PARAPROFESSIONALS

VOLUME III: INTERCULTURAL COUNSELING AND INTERVIEWING SKILLS

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PREFACE

This three volume set of training manuals is intended primarily for the professional development of bilingual, bicultural refugee workers who lack formal training in social services. The manuals are the offspring of the two-leveled training classes we have provided to paraprofessional staff of agencies in Chicago during the past three years. Since these manuals grew out of structured training classes they are ideally suited for classroom use; that is, for use in a setting which allows for a group of trainees to share ideas, to screen films, to participate in exercises (including role-playing) and to benefit from the counsel of a teacher familiar with the course material and the field of refugee social services. However, though a weekly seminar format is ideal, we believe the manuals can also be useful as teaching guides or accompanying texts for agency in-service sessions, as orientation material for new workers, or as a course of self study. Whatever the format, the manuals will be most effective when their content is widely discussed by the workers with each other and with their supervisors.

We should also point out that because the great majority of the refugees resettled by our agency, Travelers Aid/Immigrants Service of Metropolitan Chicago, have come from Southeast Asia, most of our examples concern workers and clients from Cambodia, Laos, and Vietnam. But we believe these manuals will work equally well for people involved in the resettlement of refugees (and to a lesser extent, immigrants) from Haiti, Cuba, Africa, and other cultures, for the issues in refugee adjustment and social services are basically the same whatever the group.

The first volume is an introduction to working with refugees. Topics include accountability, confidentiality, and an overview of the special needs of refugees as clients. The second volume is a review of the life cycle and mental health and mental illness, with a focus on the unique challenges and pressures of being a refugee. This section is a condensation of the material social science majors are exposed to in upper-division undergraduate

psychology, sociology, and social work courses. An understanding of the issues covered in the first two volumes is a prerequisite for the third volume, which as its name explains, is an introduction to interviewing and counseling skills. This volume is intended not to turn paraprofessionals instantly into mental health professionals, but rather to present interviewing and listening skills useful to all levels of social service providors and to prepare and encourage the most talented and interested students to pursue a career as a social service professional. For the time being, in most parts of the country most refugees are dependent on their paraprofessional bicultural workers to meet a wide range of their needs including legal aid, and individual and familial emotional crises. These manuals are designed to enhance the worker's ability to respond to these needs while stressing the importance of referral and knowing one's limitations.

We'd like to acknowledge the contributions of Sandra Young Fried and Tina Birnbaum, both of Travelers Aid, and of Larry Adkison of the law firm of Adkison and Eliot for the chapters they wrote for the manual. And we have a special feeling of warmth and gratitude to Margaret Vodvarka, who has been much more to us than our typist, and to Toby Gordon who has been much more than our editor.

Our greatest debt is owed to the workers who have attended our training classes these past three years. These trainees, who come from many cultures, all have had the kindness and tact to let us play the role of teacher when in fact it is we, the Americans, who all along have had the most to learn. These manuals, like our training classes, are only really of value when workers from another culture combine our American perspectives with their own rich cultural tradition. We place the real creative responsibility on our readers to take from these manuals what is useful, to sort out our errors and cultural biases, and to draw on their knowledge of their peoples and their cultures to produce new syntheses which can enrich us all.

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I ROLE OF THE HUMAN SERVICE WORKER

Objectives: (1) Discuss the role of the paraprofessional human service worker working with refugees

(2) Emphasize the importance of trained paraprofessional human service workers

(3) Present the role of a social worker in Western culture

As a human service worker with one foot in each culture (the minority, refugee, or immigrant culture and wider American culture), you have some special roles to play. You will be not only a counselor but a translator, an interpreter, and a mediator. You will have to play these roles for your clients, your co-workers, your supervisors, your agency, and perhaps even for policy makers at all levels of government and administration.

You will be able to serve your clients only as long, and as well, as you can step into their frame of reference and then step back into your own (and that of wider American society) to help provide them with insight, information, new perspectives, possible solutions, and support. In order to be effective, you must always be aware of the bicultural aspect of your professional role.

In order to examine the special nature of your job, that of a human service worker and counselor to a minority refugee community, let's review an article written by Dr. Tran Minh Tung,"The Indochinese Mental Health Paraprofessional: What Do We Want?" As a psychiatrist and one of the early Vietnamese refugees who arrived in 1975, Dr. Tung discussed the need for training paraprofessional human service workers working with refugees and suggested the following:

WHY DO WE WANT INDIGENOUS WORKERS TO HELP THEIR OWN PEOPLE?

A straight translation of a client's words by a well-meaning but untrained native translator to a professional mental health worker will obviously miss special meanings and subtle nuances of the client's ideas and behavior. On the other hand, a highly trained professional who does not speak the client's language can hardly be effective without a translation. Thus a truly bilingual, bicultural person is needed - someone who speaks both languages, can understand and interpret both worlds, and who is trained and experienced in the field of human services and mental health.

FUNCTIONS OF THE HUMAN SERVICE WORKER IN THE REFUGEE COMMUNITY

1. Detection

   The human service worker detects individual, family, or community tensions and problems. He also keeps himself on the look out for ways to avoid problems which may infringe upon his client's mental health.

2. Crisis intervention

   The human service worker provides immediate but brief counseling to individuals who are undergoing a sudden, difficult time in their lives. A crisis is a situation resulting from an unusually stressful event(s) where the individual feels overwhelmed and unable to cope.

3. Education and information

   The human service worker provides the refugee with information regarding the new culture.

4. Referral

   The human service worker provides appropriate referrals and saves the client the frustration which often goes along with a private individual's attempt to penetrate the social service system.

5. Interpretation

   The human service worker acts as an advocate for the client vis-a-vis the larger society.

6. Preventative activities

   The human service worker plans and executes preventative activities that can sometimes avert serious problems from occurring.

OVERALL OBJECTIVE OF HUMAN SERVICE WORKER

Dr. Tung feels we need a mental health worker per se - someone whose primary task is not just job counselor, community organizer, youth worker, although in fact the person may be all of these and more. The point is that the mental health (emotional, psychological, and general satisfaction with life and self) of the refugee or immigrant should be our primary objective. Youth activities, job placement, teaching English, and resettlement activities, while an integral part of our jobs, should be the means not the ends of our work: "The need, chiefly, is for an agent who will carry out the main responsibility of meeting the mental health needs of the refugee."

FILM: SOCIAL WORKER

This film illustrates the roles and responsibilities of a social worker, a position which is most similar to your own.

Discussion questions

What were the roles of the social worker in the film?

What people in your country of origin might provide these roles?

The instructor in the film focused on three aspects of social work: human behavior, social conditions, and the social worker himself (his feeling and reactions). Why are each of these important?

What kinds of changes did the social worker in the film facilitate?

II BICULTURAL COUNSELING

Objectives: (1) Present the bicultural caseworker as having three ego styles: cultural ego, American ego, and hybrid ego

(2) Discuss the issues and pressures with which bicultural counselors must deal

Bicultural counseling usually refers to a situation where the counselor and the client are from different cultures. We will focus on a different sort of bicultural situation; for most of you your clients come from your culture, but the context of counseling is American. We will consider in this unit a theme we will be dealing with throughout the course: how can you balance your original culture with American culture in working as a counselor and caseworker?

There is considerable pressure on you as a Southeast Asian working with Southeast Asian clients for Americans. You may often feel that you are being pulled in different directions. Often you will be under strain that you aren't consciously aware of. You can perhaps deal with these strains and demands more effectively if you have a framework from which to understand them. We can look to "ego psychology" for a first theoretical orientation.

THE EGO, EGO STYLES, AND BICULTURAL EGOS

The ego (which is the Latin word for "I") is the part of each of us which balances our needs and desires with demands and reality. Our egos have unique ways of coping with tensions, of seeking pleasure, and of dealing with guilt and shame. Our ego styles begin to develop in childhood, and they give consistency to our behavior throughout our lives.

Everybody of course is unique, meaning that everyone has his own ego style. But people of the same culture tend to share similar ego styles compared to people of other cultures. Thus, Cambodians' ego styles are more like other Cambodians' than they are like Americans' or Mexicans'.

Thus, we can assume that each of you more or less grew up as a typical member of your culture and that you have a typical Vietnamese, or Lao Hmong, or Mexican ego style. And then you came to America.

Having lived in America for several years, and worked with Americans, you are all now in a sense three different people; that is, you all have three ego styles:

1. Your cultural ego

This is your "true self," the way you were brought up. For the rest of your life, for better or worse, part of you will be a typical Hmong, or Cambodian, or Laotian. We never completely lose our original ego. Thus, we also have intuitive ("gut") reactions which follow our cultural upbringing.

2. Your American ego

You have all added to your cultural egos another ego style which is more compatible with middle-class American life and the demands of working for an American social service agency. To succeed in an American system, and to relate to American friends, you have had to develop an ego style very different from the one you grew up with. You have learned to see things as Americans do, and to relate to others in an American fashion. Having an American ego doesn't mean that you imitate American customs and ways of relating but that you have learned how to temporarily set aside your cultural ego and function spontaneously as an American.

3. Your "hybrid" ego

A hybrid is the result of mixing two separate plants or animals and getting a new type which is often stronger than either of the parents. Some of you have developed an ego style which combines your cultural ego with aspects of the American ego to produce a new style. Thus, for instance, Hispanic Americans have language and norms and ego styles which are distinct from Mexican and from American styles. Your children will most likely grow up with a hybrid style.

You can feel these three styles, these three personas, as you interact with friends and clients and fellow workers. Aren't you a different person with

American friends than you are with friends from your own culture? Your answer is probably yes and no. We must be careful not to overstate the case. Of course you are the same person, fundamentally, whoever you are with, and wherever you are living. Yet, people do and can develop different ego styles to deal with different cultural demands.

Our ego styles include a strong sense of what's pleasurable and displeasurable, what's right and wrong, what's natural and deviant, and of how we should treat people and like to be treated. Because we feel these things so strongly, and because these feelings are so close to our sense of who we are, when we are working between two cultures we are often under considerable strain. Let's look at two examples:

1. Relations between the sexes

   Generally in Southeast Asia men and women who aren't married are not as intimate with each other as they are these days in America. As someone who works with Americans, and has lived in America for some time, you have learned not only to imitate American customs but also perhaps even to enjoy following these customs in your relating to men and women. But as someone who grew up in Indochina you may also feel uncomfortable with American customs. You may, for example, never feel really comfortable with being touched by Americans of the opposite sex. Also, you may intellectually accept having a woman boss (as many of us have), but it may never feel quite natural, or right, or comfortable to you.

2. Homosexuality

   In Southeast Asia homosexuality is seen as a disgusting aberration. In America, attitudes are changing, and as a social service professional, you are expected to treat homosexuals with respect and with the right to define their needs in their own terms.

You may understand this intellectually, but you might find that your cultural ego is at war with your American ego when it comes to working with a homosexual client or co-worker.

COUNSELING INDOCHINESE CLIENTS IN AMERICA THUS PRESENTS SOME SPECIAL PROBLEMS

1. Since your clients are Southeast Asian, you need to use your "Southeast Asian" or cultural ego to help them.

2. Since you are working in America, within a framework of American social services and American society, and since traditional Indochinese helping and counseling systems have to some extent broken down in the move to America, you also need to use your American and hybrid ego to help your clients.

Later in the course we will try as a group to develop some new models for treatment which are based on the special traditions, customs, strengths, and needs of Southeast Asians in America. But inevitably, a Southeast Asian caseworker doing counseling in America will find himself needing to respond to his clients in various ways:

1. The Southeast Asian caseworker must <u>empathize</u> with the client as a fellow Vietnamese, or Hmong, or Lao, or Cambodian. Because you are from the same culture, you will understand your client's feelings.

2. You must analyze the client's problems from both a Southeast Asian and from an American point of view. You will use Western models and concepts and terms to describe, and make sense of, the client's situation. Thus, you will use both your American ego and your cultural ego and perhaps your hybrid ego as well to decide on a course of treatment.

3. Treatment will call on you to combine all three of your egos. You will respond to your client and help him both as a fellow Indochinese and as a representative of the American social service system trained in Western counseling techniques.

Let us consider a concrete example: suppose a Vietnamese couple comes to you and you learn they have a retarded child. How will you respond?

1. You will feel with them, seeing the situation as they see it. This is empathy, the ability to know how something feels not to you but to another. They may believe, and feel, that this child's retardation is a punishment for their sins or failings. For them this is reality.

2. You will use your Western ego to evaluate their guilt and shame and to help them love their child and survive as a family. From this perspective, you will view the retardation not as a punishment but as a biological misfortune. This is another reality.

In a situation like this you are the one who has to bridge the gap between two very different realities. You may find yourself pulled in two directions, and you will find it a very difficult task to balance the view of retardation as punishment (which you may have grown up with) and the Western idea that retardation is a biological reality.

PRESSURES ON BICULTURAL COUNSELORS

1. Identity problems. Who are you? Are you Hmong or American? Are you a little of each? Are you losing touch with your old

culture as you try to become an American professional? Are your children Vietnamese or American in their ego styles? What do you want them to be? It takes a strong person to have a clear, balanced sense of who he is while he stands with a foot in two different cultures. If you aren't sure of who you are and who you want to be, it will show up as a weakness in your counseling skills.

2. Who are you to your clients and your agency? How do they see you? What do you represent to them? Even if you know who you are, your clients and your agency might not. You may be pulled in two directions as clients want you to be Indochinese and your agency wants you to be American. Or your agency might expect you to act like a Cambodian in a certain situation, and your Cambodian client might want you to be very American.

Let us look at an example your role as a bicultural counselor might pose? As a refugee who has "made it," who is successful in America, you are viewed by your clients ambivalently. You stand out as a source of pride and hope to them, and yet they may also be envious, wondering why you have things they do not. They will trust you as one of them, yet wonder if you are too American to be in touch with their feelings and needs. They are your people, and you work very hard to help them. But because they are going through some difficult problems which you only recently faced, they may reopen some fresh wounds, and make you uncomfortable. For instance, if you are struggling to have confidence that you can compete in the American work force, it may be hard for you to listen empathetically to a countryman's feelings of insecurity. Because you are denying the possibility of failure for yourself, it may be very hard to listen to him and let him verbalize his fears. And if you are not finished mourning, it might be hard for you to help another with grief. Survivor guilt is another issue you must help people with even though it may be a difficult subject for you to face.

CONCLUSIONS

1. Working with clients who are recent refugees will remind you of tensions you have only recently experienced. This can be very hard on you. You must learn to turn to each other, to other caseworkers who are also living in two cultures, to share feelings and support.

2. You can also benefit from supervision from a supervisor. You can listen to your client as a Southeast Asian and then talk with your supervisor to get a clearer picture of the problem and the options available to you. The supervisor, because he or she is not emotionally involved in the case, can often indicate mistakes you might be making. All of us, no matter how experienced, need this kind of supervision.

3. Aside from helping individuals, you help your community as a whole by serving as an example of how your culture and American culture can be combined. You are very special to your people because you have managed to keep touch with your cultural ego style, while developing an ego style which allows you to function and succeed in American society.

III. INTERCULTURAL PERSPECTIVES ON HEALING

Objectives:

(1) Stress the importance of culturally appropriate treatment methods

(2) Describe the universal elements that appear to be common to all healing methods

(3) Discuss cultural definitions of mental illness and traditional healing methods practiced in culture of origin

We will begin our discussion on intercultural perspectives on healing by presenting an actual case study.

PRESENTING PROBLEM

Mr. and Mrs. Vue and their two-year-old son are Hmong refugees who resettled in Chicago. Mr. Vue is 21 and Mrs. Vue is 19. They reside in a community where there are many other refugees. Their studio apartment was completely furnished by an American sponsor group who sees them on a regular basis. Mrs. Vue also has a brother who lives in the Chicago area, and although he lives in a different community, they try to see one another on the weekends.

Approximately two months after their arrival Mr. and Mrs. Vue came to their caseworker frightened and upset, insisting that he find another apartment for them. They were willing to live in the same building but insisted they move to another apartment. Mr. Vue explained that each night for the past week he dreamt that a figure would come through the door and sit on top of him, making it impossible for him to move. First the figure was in the form of a cat, then a dog, and now as a young American woman. He noted that the form always had red eyes. Their bed was positioned against the wall and Mr. Vue slept on the outside and his wife near the wall. After several nights he and his wife changed sleeping positions and the next day Mrs. Vue awoke terrified. She complained that she had the same type of dream that her husband had experienced.

The dreams were affecting their everyday functioning. They were anxious and upset during their waking hours and Mrs. Vue was afraid to stay in the apartment alone. To compound the situation the leader of the sponsor group (a young American woman) became aware of the situation and thought that the woman in their dreams symbolized her. She was worried that the couple might harm her (although there was no indication that that was the case), so she avoided visiting them.

QUESTIONS FOR CLASS DISCUSSION

What is going on in this case?

If you were the caseworker, how would you handle this problem?

How would this kind of situation be viewed in your culture?

Please don't read on until everyone has had an opportunity to discuss this case.

TRADITIONAL HEALING METHOD

The caseworker presented this situation to his American supervisor, and they discussed the importance of spirits and dreams in the Hmong culture. The supervisor suggested that perhaps the dreams were a symptom of culture shock which often produces feelings of inadequacy, fearfulness, and anxiety. They talked about culturally appropriate ways to help Mr. and Mrs. Vue, and the caseworker decided to consult the Hmong community leaders. The leaders recommended that they ask Mrs. Lee for assistance. Mrs. Lee is a Hmong woman believed to have the power to communicate with spirits. The ceremony that took place was described in the following way:

> Mrs. Lee sat in the middle of the studio apartment (which is considered the most important part of the apartment) with a black cloth covering her face. Next to her were lit candles and a platter of food prepared by Mrs. Vue. Mrs. Lee chanted and shook metal shakers to raise her own spirit that would in turn inform her as to what was actually happening in the apartment. After several hours she told Mr. and Mrs. Vue that their apartment had been possessed by the spirit of the person previously living there. Apparently the previous tenants did not give notice to the spirit before they moved. Mrs. Lee's spirit was able to drive out the bad spirit. The family shared the platter of food with Mrs. Lee and dedicated the meal to Mrs. Lee's spirit. Any remaining food was given to Mrs. Lee to take home to her family.

Mr. and Mrs. Vue were greatly relieved after the ceremony. The caseworker visited the Vues the following week and was informed that they no longer had these dreams and were once again comfortable living in their apartment. The caseworker met with the sponsor and explained the importance of spirits in the Hmong culture and the cultural implications of this case. He gave her an opportunity to ask questions and share her concerns. Together the caseworker and sponsor went to visit Mr. and Mrs. Vue and since then the sponsor appears to be comfortable visiting and assisting the Vue family.

The purpose of presenting a traditional healing method is to emphasize that Western counseling methods are not "right" and Hmong (or any ethnic group's) traditional healing methods "wrong," but rather that treatment is greatly affected by cultural factors. When working with a client it is essential to "start where the client is at." Only by understanding how the client is functioning and how he perceives the world and his cultural background can we begin to know how to appropriately help him. In the case of Mr. and Mrs. Vue, the caseworker chose a Hmong traditional healing method.

At first the Hmong spiritual woman or shaman may appear worlds apart from the Western counselor, but when we examine the common elements, shared by both, we see similiarities in the role and the process they follow.

ROLE OF THE HEALER

In all healing methods, whether they be psychotherapy or traditional healing methods, there is a person who has a problem with which he cannot cope and a healer who supposedly possesses a superior ability to help people. A psychiatrist, for example, is viewed as having a special ability because of his formal education and training, whereas the shaman's superior ability is derived from the belief that he can communicate with spirits. Each is recognized by those he treats as having the ability to solve problems. In addition to expertise, the healer also offers empathy and support to his clients. A successful healer in any culture, through a variety of direct and indirect ways, conveys a message to his client that he will use his energy and expertise to relieve the client of his pain.

STAGES OF THE HEALING PROCESS

All healing processes consist of a series of stages: identification and analysis of the problem; explanation of the problem; setting goals; prescription for change, implementation of prescription for change; and ending or termination.[1]

The identification of the problem takes place in the early phase. When a person encounters stress, he needs to alleviate the anxiety by learning the nature of the problem and how to cope with it.

Regardless of the techniques used to explore the problem - projective psychological tests, exploration with client through discussion, or ritually induced trances - the experience provides the client with the opportunity to examine himself and the situation and to explore the cause(s) of his problems.

The explanation of the problem varies greatly depending on how the culture views mental illness. Regardless of the explanation - whether it be an early childhood deprivation, alcoholism, or as in our case study a bad spirit - it must be familiar and culturally meaningful to the client so that he will be able to work within the framework of the solution suggested.

In our case study the treatment method was ridding the apartment of the bad spirit. If this was dealt with from a Western counseling approach, perhaps the focus would be on helping the client deal with the issues of culture shock and working through their fears of being in a new culture.

The ending phase or termination often occurs when the client feels the problem has been resolved or some task accomplished. In the case of Mr. and Mrs. Vue, they were satisfied that the spirits no longer haunted their home.

[1]See Wen-Shing Tseng and John F. McDermott, Jr., "Psychotherapy: Historical Roots, Universal Elements, and Cultural Variations," American Journal of Psychiatry 132 (April 1975): 379.

In conclusion it is important that we be sensitive to cultural variations in the healing methods but also aware of the universal elements common in all processes no matter how exotic or strange they may initially appear. In the case example a traditional healing method was practiced; however, working in this culture with refugees more often there will be a blend of Western counseling with culturally appropriate approaches. Since our training program focuses on intercultural counseling, we hope this lesson will continually keep the following question in our mind: Is this approach culturally appropriate for our client?

DISCUSSION SUGGESTIONS

How is mental illness defined in your culture of origin?

What causes mental illness?

What are some traditional healing methods practiced in your culture of origin?

IV INTRODUCTION TO CASEWORK

Objectives:

(1) Introduce the philosophical and cultural assumptions underlying Western approaches to social service and counseling

(2) Discuss the importance of casework as process and what that means

(3) Consider the concept of "change" in casework and how that relates to the establishment of a good relationship between worker and client

(4) Review the importance of knowing one's own personal and cultural assumptions when working with people

(5) Practice and discuss the first steps in forming a relationship - that of listening, understanding, and expressing warmth

As human service workers working with refugees not only will we provide "concrete services" (such as housing and school registration) but we will help our clients to adjust to the new culture and to become more satisfied with their lives. This kind of assistance is called the helping process.

The word "process" suggests a continuous forward movement, not a single event. Process also suggests on-going change, a series of steps in a positive direction.

Casework is a process whether it consists of twenty interviews over a period of weeks or a single interview. Even a single interview is full of change and movement from the moment the client arrives until he leaves. Ideally, we hope that the client will continue whatever change and learning began during our meeting with him - we hope he will go home and continue to think, analyze, struggle to clarify his thoughts and feelings, and seek a new solution or at least try a new approach.

WHAT DO WE WANT TO DO DURING THE HELPING PROCESS?

We provide an experience which will lead to meaningful change in the client. We help a person deal more successfully with life as he learns about himself and his situation.

Meaningful change is that which allows the client to function more successfully as a human being, and thus will allow him to experience greater happiness and satisfaction.

HOW DO WE CREATE MEANINGFUL CHANGE?

We learn through interpersonal relationships. The main way we can help is through the relationship we have with the client. Even infants first learn from the interactions between their caretakers and themselves. Without knowing another person, the child could not acquire the sense of individuality.

Recognizing the boundaries of the self is the foundation for our understanding of our social world and its relationships, our own abilities and limitations, and the basis for those special emotions such as caring, sympathy, guilt and shame that make us truly human. This interpersonal perspective is the frame in which future learning and change will take place.

IMPORTANT COMPONENTS IN THE CASEWORK RELATIONSHIP[1]

1. Permissiveness

   The caseworker must recognize the client's need to express his feelings freely, especially his negative feelings. The caseworker listens purposefully, neither discouraging nor terminating the expressions of negative feelings, sometimes even actively stimulating and encouraging them, when they are therapeutically useful as a part of casework service.

2. Controlled emotional involvement

   The caseworker should be sensitive to the client's feelings, understanding of their meaning, and should respond appropriately.

3. Acceptance

   The caseworker must recognize the innate dignity, ultimate destiny, human equality, basic rights and needs of the client, regardless of his individual qualities due to heredity, environment, behavior, or any other source. Acceptance, however, does not necessarily mean an approval of the client's behavior, attitudes, or standards.

[1]This section was adapted from Felix P. Biestek's "Analysis of the Casework Relationship" (this handout can be obtained from The School of Social Work, Loyola University, Chicago).

4. Individualization

The caseworker must recognize and understand each client's unique qualities and the different uses of principles and methods in assisting each client toward a better adjustment. Individualization is based upon the right of human beings to be treated not just as a human being, but as this human being with particular differences.

5. The nonjudgmental attitude

The caseworker must avoid assigning guilt or innocence or client responsibility for the causation of problems, yet he msut make evaluative judgments about the attitudes, standards, or actions of the client; the attitude, which involves both thought and feeling elements, is transmitted to the client.

6. Client self-determination

This is based upon the right of the individual to make his own choices and decisions. The caseworker must recognize that the client has a right and a need, within certain limitations, to be free in making his own decisions and choices and that the caseworker has a corresponding duty to respect that right, in theory and practice, by refraining from any direct or indirect interference with it, and by positively helping the client to exercise that right.

7. Confidentiality

The caseworker must preserve the confidential information concerning the client which is disclosed in the professional relationship. Confidentiality is based upon a fundamental right of the client; it is an ethical obligation of the caseworker, and it is necessary for effective casework service. The client's right, however, is not absolute; the client's personal information is often shared with other professional persons within the agency and in other agencies; the obligation then binds all equally.

What has been said so far about the helping process, the importance of relationship, the potential of the client to help himself, and the essential social experience of the human being is based on certain ethical and philosophical assumptions about the nature of man and the world. These assumptions are crucial to Western social work, counseling, and other therapeutic endeavors; understanding them, if not sharing them, is necessary to work effectively within the American social system.

Before we actually list these assumptions, let's examine the film, The Chairy Tale:

This film is a humorous example of what happens when two people, or in this case a person and a thing, try to interact on the basis of set assumptions about the other. As human beings, nearly everything we do is based on some assumption. When I smile at someone, I do so in the belief that he will take my gesture as friendly and probably smile back. What happens when the other person reacts differently than you expect? Of course, this is the point of the film. As a counselor, you must be willing to suspend your assumptions and try to figure out those held by your client (or your supervisor, or the congressman, or the worker at the other agency) if you are going to be able to interact most effectively.

Discussion questions

1. What were the assumptions held by the man about the chair? About himself?

2. What were the assumptions held by the chair about the man? About itself?

3. What happened to their expectations of the other? How did they react?

4. Do our assumptions make a difference in how we act toward others? Or what we think they can do? Or should do?

EXERCISE

Circle either the T (true) or the F (false) according to your agreement or disagreement with the statements below:

1. Kids need good, strong discipline to grow up to be decent adults. T F

2. You can't change the habits or ideas of older people. T F

3. A person has very little control over his life situation. T F

4. A person's self-image is determined by the reactions of other people to him. T F

5. It's probably the person's own fault if he gets cancer. T F

6. Parents of a retarded child are ashamed because the child is proof of some bad thing in their past life. T F

7. A caseworker should take responsibility for the decisions in the client's life. T F

8. If I try hard, I can change my life situation. T F

9. People are basically born good. T F

10. There is a limit to how much man can control the natural world. T F

11. Actually, counseling is basically problem-solving, and how the worker relates to the client is not so important. T F

12. Most growth occurs during childhood and adolescence; but when a person gets to be an adult he stays about the same. T F

FOUR MAJOR ASSUMPTIONS UNDERLYING WESTERN-STYLE SOCIAL SERVICE

1. First assumption: the individual has the capacity to grow and change. Potential for self-growth will naturally unfold unless it is hindered or blocked in some way.

   This assumption assumes that:

   (a) Human beings are capable of growing emotionally and intellectually throughout their lives.

   (b) Each person has the potential to act in a positive and beneficial manner.

   (c) Each individual merits respect and dignity.

   (d) People are fundamentally equal, and therefore each person must respect the rights of others, including the right to make one's own decisions.

   In Western society, the individual is thought to have control over himself and the environment. In many cultures, personality and abilities are thought to be predetermined by fate, one's past life, or even the stars and planets. Future events and opportunities are sometimes seen as caused by good or evil forces or spells and prayers. While some Westerners also share these beliefs to a greater or lesser degree, the predominant view is that each individual is basically responsible for his own future opportunities.

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Circle either the T (true) or the F (false) according to your agreement or disagreement with the statements below:

1.	Kids need good, strong discipline to grow up to be decent adults.	T	F
2.	You can't change the habits or ideas of older people.	T	F
3.	A person has very little control over his life situation.	T	F
4.	A person's self-image is determined by the reactions of other people to him.	T	F
5.	It's probably the person's own fault if he gets cancer.	T	F
6.	Parents of a retarded child are ashamed because the child is proof of some bad thing in their past life.	T	F
7.	A caseworker should take responsibility for the decisions in the client's life.	T	F
8.	If I try hard, I can change my life situation.	T	F
9.	People are basically born good.	T	F
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Earlier American traditions of conquering the new land and its frontiers emphasized determination and hard work. Thus Americans talk about "pulling yourself up by your bootstraps."

At the same time, the religious tradition has taught the importance of charity and kindness to people less fortunate. In addition, we recognize that we do not completely control our fate and can become the victim of chance circumstances.

2. Second assumption: the individual does not exist in isolation but is an integral part of the social and natural world around him.

This view is sometimes referred to as the "systems approach" to casework, where the human being is seen as just one part of a wider system which acts on him and on which he in turn acts. Thus there is a constant two-way influence. This influence must be taken into account in counseling and casework intervention. Finding a solution may require changes in a number of different areas and may require numerous steps. Nevertheless, recognition of the involvement of the client in his wider social system deters us from simplistic, ineffective solutions and reminds us that there are many considerations in any treatment plan.

Understandably, then, social relationships may be very critical in casework. How a person acts with others determines how they respond to him, and much of an individual's self-perception depends on how he thinks others see him. Thus, a good counselor sees improvement in social relationships as one important aspect to better functioning and greater personal satisfaction. (Another name for this dual concern for the psychological and social aspects of the person is psychosocial casework.)

3. Third assumption: the most important ingredient of the helping situation is the relationship between the client and the worker.

Nothing can be accomplished with a poor relationship between worker and client. Very little can be accomplished with a neutral relationship between them. Much can be accomplished with a warm, empathetic, and caring relationship.

The relationship between counselor and counselee, or worker and client, should be a model for the way other relationships should be conducted. In a figurative sense, the interview represents a section of life as it should be experienced: positive, warm, social, with the client recognizing potentials and limitations, and yet feeling responsible. This is why a good counseling session should provide more than just the sum of the information exchanged; it should be a precise model of how to manage life.

Carl Rogers, a well-known American therapist, founded what he called the "client-centered" therapy approach to counseling. This approach was based upon many positive assumptions of human nature. Rogers believes that each individual is capable of exploring and discovering his own self and his own lifestyle if the environment, including the helping relationship, is positive and nonthreatening. Client-centered counseling is not assertive or directive. It tends to be more concerned with feelings, values, and attitudes, rather than giving advice or finding direct solutions to problems presented by the client. Three conditions for a therapeutic climate in client-centered therapy are: genuiness, unconditional positive regard, and empathetic understanding.

There is a belief that client-centered therapy involves a predictable process. Growth occurs if the therapist establishes a helping relationship and is able to help free the individual to become mature and self directed.

4. Fourth assumption: helping is a process.

Most goals cannot be reached by a single action. Many steps are involved which bring us closer to our goal but which may also generate effects that perhaps were not altogether intended, thus changing the situation in which we are working, and the goal itself may go through various redefinitions and considerations.

It is important to remember that counseling is a process, and thus flexibility is crucial. Treatment steps may be mapped out in the beginning, but later insights and changed attitudes may render first plans obsolete. As the client changes in a positive direction, so will his wants, his goals and his relationships. His needs may change along with the new way he sees the world.

EXERCISE 1

Below are several counselor-client exchanges. Which ones demonstrate a good attitude on the part of the counselor and why?

1. Counselor: Why are you late? I can't stand it when people are late.

   Client: (silence)

2. Client: It's so hard...I mean, really it is just...I think sometimes that it's what I want, then again I...because of everything, I...ah...

Counselor: I am having a little trouble understanding exactly what you feel, or want to say. Can we try once more?

3. Counselor: I really wish I could say something that would help. I know you are so upset.

Client: I just feel like it is the end of the world.

4. Client: I am so angry, I just don't know what to do!

Counselor: Now, now, there is no reason to be so mad. You are probably just overtired today.

EXERCISE 2

As a counselor, how would you respond to the clients below to show your concern, empathy and genuineness?

1. Client: I feel so terrible. I can't believe this is happening to me. What will my parents say when they find out I am pregnant?

   You: _____

   _____

   _____

2. Client: I've just lost my job.

   You: _____

   _____

   _____

3. Client: Every day I get up and look out the window, and hope that maybe, just maybe, I will see mango trees and the river. You must think I am silly, but brick and cement and noise make me so sad...

   You: _____

   _____

   _____

V COMMUNICATION SKILLS

Objectives: (1) Present obstacles that cause misunderstanding

(2) Discuss nonverbal communication and the cultural implications

(3) Introduce guidelines for good communication skills

Accurate communication is essential if we, as counselors, are to understand what is troubling our client, how he feels, and how he sees himself in the world. Even if we accurately hear what he is saying, unless we are able to communicate back our understanding, the client will not know whether he is understood or not.

Thus, communication skills are the most important component of counseling; without them, all the skills of analysis, assessment, detection, and referral will be useless.

We communicate with each other in many ways. Culture itself is really just a form of communication - a group of signs, rituals, words, dress, art works, and so on that are constantly communicating and reminding group members about certain meaningful things, such as values, attitudes and social ties. When many of us share a group of meanings and value them, we say we share the same culture. Thus a Christmas tree brings forth many feelings, attitudes, and values for American Christians, while the Chanukah menorah brings forth special meanings for Jews. Language, of course, is a series of meaningful signs which a group of people share to create and communicate old and new meanings.

When we are doing intercultural counseling, communication often becomes quite problematic. The words of the language are not always understood exactly the same way, cultural references do not carry the same meaning, and nonverbal behavior may suggest different messages than intended by the actor. As intercultural counselors, we must be very alert to these problems and work to develop good communication skills.

THE PROBLEM OF LANGUAGE

Language is the most obvious difficulty in cross-cultural counseling. Assuming that both counselor and client share at least some language, there

is still the problem of range of vocabulary, pronunciation, precise meanings of words.

It is difficult for an adult to become fluent in a foreign language, partially because he does not have the opportunity to experience as many situations and does not share in the subtleties and nuances of the new culture. A good example of how a language's wider implications can be misunderstood is seen in the following conversation:

> A Chinese man says to an American, who is studying Chinese and knows basic vocabulary, "He is a turtle's egg!" The American may interpret this statement in a number of ways: perhaps the Chinese is dumb or mad; maybe he is teasing, or maybe he means the man is fat; perhaps he is attributing gender to a turtle's egg, or he may be cursing at the other fellow most impolitely. A Chinese would immediately assume the last, of course, but an American might not. Even if the American had been told that to call a person a turtle's egg was the lowest slur available in Chinese, such a description would hardly cause him to feel much emotion or angry shock. Only if he understood the mythical legends of the Chinese, shared a view of the turtle as a particularly primitive and nonhuman creature, and realized the great difference between being born from an egg instead of a woman, could be begin to comprehend the implications of being called a turtle's egg.

THE PROBLEM OF CULTURE AND PERCEPTION

It should be obvious that perception plays an important role in communication. What we perceive and how we interpret what we perceive determine the meaning we assign to the communication we have just received. Culture also determines to a great degree the content of the communication.

Eskimos, for example, live most of their lives in snow, and because snow is so critical to their survival, they have many words for different kinds of

snow. They perceive snow differently than you or I - they see differences in snow and they value snow differently. Snow literally has a different meaning to them.

THE PROBLEM OF SELF

Our own experiences, values, and needs also get in the way of accurate perception. It is important, therefore, to know ourselves fairly well, so that we can avoid a "too personal" slant when communicating with others.

NONVERBAL COMMUNICATION

Communication occurs at many levels. When interviewing, you need to be aware not only of what the client is saying verbally but nonverbally as well. Body movements such as style of walking, sitting, or leaning will sometimes underscore the meaning of the verbal message; on the other hand, they might contradict it completely, allowing the clever observer to understand the client's real meaning or perhaps his ambivalent feelings.

When trying to interpret the meaning of nonverbal communication, it is essential to understand the cultural implications of the behavior and what is culturally appropriate. Just as cultures devise a linguistic code to communicate, they also use a number of nonverbal signs. However, just as spoken sounds signify different things across cultures, so do behaviors. For example, when a Southeast Asian child speaks to his teacher he will avoid eye contact and lower his head as a sign of respect, whereas an American child will make direct eye contact. The American teacher more than likely will interpret the behavior of the Asian child to mean he is lying or guilty.

Below is a check list of nonverbal behaviors. Some of the nonverbal behaviors on the list will have similar meanings in your culture of origin and the

American culture; others will not. As we go through the list, let us compare and contrast their meanings.

CHECKLIST OF NONVERBAL BEHAVIOR

1. General movements
   - (a) manner of walking (smooth, jerky)
   - (b) quality and quantity of smile (tight lipped, spontaneous)

2. Face and head movements
   - (a) rigid face
   - (b) calm
   - (c) blankly staring
   - (d) avoiding eye contact
   - (e) spontaneous eye contact

3. Hand and arm movements
   - (a) no gesturing (arms rigid)
   - (b) has physical contact with other person (shakes hand, touches)
   - (c) fidgets when talking

4. Body movements
   - (a) slouching
   - (b) relaxed posture
   - (c) sitting in fixed, rigid position

5. Sign of nervousness

   (a) excessive smoking

   (b) blushing

   (c) sweating

6. Body orientation

   (a) physically distant from person with whom talking

   (b) not facing other with body

7. General appearance

   (a) dress (flashy, sloppy, plain)

8. General verbal tone

   (a) voice quiver

   (b) affect level (monotone, nervous laugh, seductive, angry)

   (c) voice modulation (too loud, too soft)

   (d) word usage (casual, formal)

FILM - COMMUNICATION: NONVERBAL AGENDA

This film illustrates how nonverbal communication is an important aspect in a work situation. It heightens the viewer's awareness of communication occurring on many levels. Often what is communicated nonverbally is as clear a message as that which is said verbally.

Discussion questions

Identify the characters and the type of nonverbal communication going on between them.

In one segment of the film the employer presented the employees with the same information but with different nonverbal messages. Describe the differences.

GOOD COMMUNICATION SKILLS

1. Listening

We must really try to listen, that is, listen to each word or gesture without imposing our assumptions on the situation.

(a) We must be careful not to assume a similar view of the world (same values, attitudes, experiences, conclusions) or we will misinterpret the message. Our reality is not our client's reality.

(b) We must suspend all cultural or ethnic stereotypes about the person (all Hmong, all women), for each person is an individual and will surprise us with his uniqueness. (As advocates for your client, it is important that you educate others who work with your clients to avoid stereotyping.)

(c) We must be careful not to anticipate what the client is going to say, or we will not listen to what he actually does say. Finishing a sentence for someone is very dangerous business.

(d) We must be thinking about what the client is saying, not how we will respond.

2. Check your perceptions and understanding

(a) If you are unclear about a meaning it is important that you check out the true meaning of what the client is trying to say. By gently rephrasing something important, you can ask if you have really understood the meaning communicated.

(b) Sometimes it is good to ask if a particular experience has the same meaning to the client as it seems to have to you. This can lead to an important clarification.

(c) Check how the client is feeling - is he feeling as you think he should be in this situation?

(d) Check out your perceptions of the client's nonverbal behavior by asking him about his feelings and attitudes.

3. Resist making value judgments

(a) We must always remember to keep an open mind and tolerate differences. We have no monopoly on knowing what is good or bad.

(b) As counselors, truly understanding a person's situation allows us to accept the person as a human being with both potential to change and potential to make mistakes (just like us!).

4. Cultivate self-awareness

(a) We keep stressing this, but it is so important in communication. Understanding your own views and attitudes can help you keep them in control when you are trying to understand others and allow you to be as objective as possible.

(b) Being in touch with your feelings and recognizing the roots of your emotional responses can help clear the way for calm, accurate interaction.

5. Taking risks

(a) Taking risks and trusting the other person is necessary in true communication. We must "risk" showing part of ourselves to the other person, "risk" their approval or disapproval, "risk" being taken advantage of. But in fact, we must risk things every moment of every day if we are to do anything, and part of this risk-taking is necessary modeling for the client. Very often, the counselor takes the first risk.

(b) It is always risky to ask for feedback, check perceptions, and so forth, but if we are open, honest, and sensitive to what the client is feeling, greater trust will be our reward.

EXERCISE

Break into pairs and practice listening. Let person A tell you something that recently happened to him, and then have person B paraphrase it. Then let A continue to tell you how he felt about this experience, and see if B can accurately tell him how he felt. Then reverse roles.

Try to use the communication skills we learned today in this exercise.

VI TECHNIQUES TO ENCOURAGE COMMUNICATION

Objectives:

(1) Present ways to enhance communication and to express empathy, warmth, and acceptance

(2) Encourage trainees to examine their own communication techniques when working with clients

(3) Practice counseling skills that encourage communication

An important component in counseling is to communicate empathy and understanding to our client. Empathy allows us to feel close and caring to someone because we can identify with his feelings and situation. Warmth and acceptance is also important because if we do not feel accepted we will not feel good about the interpersonal interaction. And without genuineness and honesty, there can be no trust. Finally, the other person must seem to care about our communication, to be interested, and to be paying attention. Nothing is so demeaning or damaging to our sense of self-esteem than to share part of ourselves in what we thought was a meaningful exchange and then to find out the other person was totally uninvolved and not even listening.

Therefore, let us go over some things which will help us become warm, caring, and good listeners and will therefore encourage the client to be open and communicative with us.

WAYS TO ENCOURAGE COMMUNICATION AND TO EXPRESS EMPATHY, WARMTH, AND ACCEPTANCE

1. Verbal encouragement which indicates interest and understanding

   "Uh-huh..."

   "I see..."; "I understand..."

   "Please go on...hmm..."

2. Nonverbal encouragement

   Nodding the head.

   Leaning slightly forward toward the speaker to show interest, attention.

   Appropriate facial expressions.

   Eye contact as appropriate for culture, content, emotion.

3. Statements which give permission for ventilation or exploration

"It's okay..." (To cry, to wonder, etc.)

"Go ahead..."

"I see...of course, you do..."

4. Careful indirect questions, or gentle prodding

"Can you repeat that again so I'm sure I understand..."

"So you feel that..."

"I don't quite see...can you say that again..."

"So now you feel sort of..."

5. Reflecting or paraphrasing in order to check one's perceptions and to encourage on-going exploration by the client

6. We should respond to the central issue being communicated

Client: "I just couldn't go - it was already late, but I just didn't want to go and could hardly get out the door..."

An appropriate response would refer to the fact that something was frightening or holding the client back from going.

7. We should respond at the appropriate level of feelings

Client: "I really wanted to go, but there was no way I could make it."

A good response would refer to the client's disappointment.

8. We should try, if we feel the client is ready, to respond to deeper, somewhat hidden, aspects of the communication

Client: "My husband, he's so busy and I know he tries to help, but he was late again last night, so I missed my class."

A good response would refer to her frustration at missing class but perhaps also to her frustration with her husband who seems too busy to help her. She may in fact be quite resentful, and by a gentle hint of such a possibility, she may feel enough acceptance to explore those feelings.

9. If we believe it would be helpful, we might respond with a slightly different interpretation to deepen the client's insight and perhaps encourage another perspective

Client: "She won't take anything I give her. I just can't understand it - I thought at first maybe she doesn't like my taste, but I offered her the lamps I know she likes, and she just said, "Thanks Mom, but I wouldn't want to take them from you." Can't a mother help her daughter?"

A good response here would refer to the client's sense of rejection by her newly married daughter and perhaps even to her anger; but it might be useful to the client to include something about the sadness felt by parents when their children seem so ungrateful when they're struggling between adult independence and their need for their parents' continued support and love. It might be possible to help the client sense the daughter's struggle and to recognize it as a rather natural stage of growth rather than as a statement of personal rejection. If the client is ready to accept the insight, she will; if not, it will be ignored and the client will focus on that aspect of the response which was appropriate to surface meanings and feelings.

Remember that you cannot push a client toward knowledge he or she does not yet want. The client will go at his own pace, and you must "trust the process."

A CHECKLIST TO BE SURE WE ARE NOT DOING THINGS TO DISCOURAGE COMMUNICATION *

1. Do I ask too many questions?

   Do I recognize that while questions can be used to clarify the client's situation, they often merely impede the client's flow of thoughts?

   Do I use questions to control or dominate a client or situation, demanding a performance according to my own standards?

   Do I ask irrelevant questions, failing to stay with the important content of the client's communication, in order to satisfy my curiosity?

2. Do I make strong statements with which the client will be afraid to disagree?

   Am I careful to sound a bit tentative, to encourage discussion and exploration?

3. Do I give direct advice?

   Am I careful to respect the client's right of choice and self-determination?

4. Do I interpret too much?

   Do I use interpretation to display my expertise or gain control?

   Do I recognize the importance of timing in interpretation - do I wait until the client is prepared to see, accept, and profit from an interpretation?

5. Do I judge others?

Can I diagnose without placing blame or value on a client's thoughts and behavior?

Am I moralistic?

Do I reinforce certain statements that go along with my values?

6. Do I think too much about myself while counseling?

Do I worry or think about my responses, thus missing what the client is saying?

Do I try too hard to anticipate what he is going to say, filling in words and depriving the client of an opportunity to think and feel?

Do I push meanings on him or define his situation and problems in my terms?

7. Do I want the client to like me?

Do I confuse rapport with friendship and ego gratification?

Am I using my profession to meet personal needs?

8. Do I try to be understanding?

Can I remember that understanding implies neither agreement nor disagreement, neither judgment nor evaluation?

Understanding is just understanding.

*Adapted from On Becoming a Counselor by Eugene Kennedy

EXERCISE

Break into pairs and act out a counseling session. One person will be the client and the other person will be the counselor.

SITUATION

1. You are a 16-year-old girl who recently discovered that you are two months pregnant. You haven't told anyone yet. The boy you slept with is also sixteen and attends high school with you. He is the first person you've had intercourse with. You're especially afraid to tell your parents that you are pregnant.

2. You are a 33-year-old refugee who just arrived in this country. Your spouse was able to come to the U.S. three years earlier. You learned that your spouse had been living with another man/woman until recently.

3. You are a parent who comes in complaining about your teenage son who has become "too Americanized." He seems disrespectful to his parents and grandparents. He doesn't come home when he should and doesn't study.

4. You are a 37-year-old man finding it difficult to hold a job and go to English classes, yet you know you won't advance without English classes. Your wife stays home with your four children. She often cries when you leave the house.

You can no doubt think of more situations which you have encountered in your work with clients. This exercise works best when the client does <u>not</u> tell the counselor which situation he has chosen beforehand but allows it to unravel just like a real counseling interview.

VII PROBLEM-SOLVING APPROACH

Objectives: (1) Present the problem-solving model

(2) Discuss the stages of casework

(3) Define the worker's roles of intervention

We have discussed the importance of good communication skills during the last two class sessions. These skills help to achieve understanding between the client and caseworker and encourage them to build their relationship. A good relationship, however, does not instantly occur; rather it develops gradually as the client and worker work together toward the same purpose. In the casework relationship the client needs help with a social-emotional problem, and the caseworker has the knowledge and skills to assist him in solving it.

The problem-solving model assumes that effective movement toward purposeful change rests on the ability of the worker to engage in rational, goal-directed thinking and to divide his activities into sequential steps, each characterized by some broad goal of its own which must be accomplished before the succeeding phase can be successfully completed. However, problem solving in social work often does not proceed linearly, but by a kind of spiral process in which action does not always wait for the completion of one stage to begin the next. In addition, the label of the problem may change as the client gains new insights and understanding.

STAGES OF CASEWORK

Casework consists of the following steps:

1. Beginning phase: relationship establishment, definition of the problem, goal identification, exploration, and data collection.

2. Evaluation or assessment of situation.

3. Formulating action plan.

4. Carrying out action plan.

5. Termination.

BEGINNING PHASE

We begin the counseling process by engaging the client in the casework relationship. We do this by communicating to the client empathy, concern, and our desire to help. Our actions also communicate a feeling of respect for the client. Through this process the client begins to feel trust in the caseworker.

During the beginning phase the focus is on identifying and defining the problem. We begin "where the client is at" and encourage him to articulate how he perceives the problem and why he has identified it as his primary problem. The caseworker will also explore the problem as defined by significant systems with which the client is involved (such as family, school, community). As this process develops the caseworker will define the problem as he sees it. Finally, the caseworker and client arrive at a point where they can begin working together.

During this stage the worker will want to explore with the client what the client thinks is needed for a solution and what he expects from the agency as a means to a solution. The worker will determine what the social service agency can and should offer to the client to reach these goals. Through this discussion the worker and client will arrive at a preliminary contract on how to deal with the client's problem.

Collecting relevant information about the client and his problem is essential if we are to evaluate the situation. In collecting data, the worker will look at the client in relation to three factors: motivation; opportunity; and capacity.[1] It is useful to ask yourself the following questions about the client:

[1]See Beulah Roberts Comptor and Burt Galaway, Social Work Processes (Illinois and Ontario, 1979), p. 247.

1. Is the client motivated to solve his problem? If not, why?
2. What resources are available to the client for solving the problem?
3. What are the client's abilities for solving his problem?

EVALUATION OR ASSESSMENT

The worker and client must next analyze the situation and identify its major factors. They need to stand back and look at the entire system in which the client is involved and the system's interrelationships. "The problem may be defined as residing with clients, as outside clients but experienced by them, or as the result of the client situation interaction. The target of change may or may not be the client. After client and worker have jointly defined the problem-for-work (this may or may not be the same as the presenting problem) the next decision is to define goals - what is to be done?"[2]

FORMULATING ACTION PLAN

Mutually agreed upon goals by the client and caseworker are a direct result of the problem definition and assessment process. Goals decided upon should be realistic and there should be a reasonable chance of attaining them. In establishing goals, variables such as the client's degree of interest in attaining them, the client's abilities, and the resources available to the client should be taken into consideration. After agreeing on goals, the next step is to agree on the intervention or action plan.

CARRYING OUT ACTION PLAN

Carrying out the action plan refers to the activities directed toward goal attainment. The worker uses his ability, skill, and knowledge to assist the

[2]Ibid., p. 320.

the client in reaching his goals. The worker's intervention activities can include the role of: broker, enabler, teacher, mediator, and advocate. The social broker serves as a linkage between the client and appropriate community resources. This requires that the worker know the resources available in the community and understand the referral procedures. As an enabler the worker assists the client in finding coping strengths within himself. The worker facilitates this process by encouraging verbalization, examining relationship patterns, and offering encouragement. As a teacher the worker provides the client with new information necessary for coping and assists the client in practicing new behaviors or skills. The role of mediator is to resolve disputes or misunderstanding between the client and other persons or organizations. As an advocate the worker works for the client's rights.[3]

TERMINATION

Termination is the ending phase of the casework process. Whenever termination is considered the client and worker review their goals and evaluate what has or has not been accomplished and the process by which these gains were made or failed to be made.

Termination is often quite emotional for both the worker and client. In any meaningful relationship it is difficult to say goodbye as people feel both grief and loss. The client's grief may involve the following reactions: (1) denial of termination; (2) return to earlier patterns of behavior; or (3) resistance to terminate.[4] The client's feelings and fears of ending should be dealt with during the termination process.

Reviewing the client's progress is very helpful. In the last session it is especially important to review the goals that have been worked on and to point

[3]See ibid., pp. 339-42.
[4]See ibid., p. 439.

out achievements; this encourages self-esteem and confidence and helps the client to see the helping process as a positive experience. Finally, in saying goodbye, the worker wants to emphasize the client's independence but also make it clear that he is available if the client should need further assistance.

EXERCISE

This is the first interview. A young Southeast Asian woman from a rural area walks with some hesitation into your office. She is holding the hand of a little girl who is sucking her thumb.

The woman is twenty-four and has been in the United States for nearly five months. Recently a public health nurse had visited her, but because the woman speaks very little English, the visit was very confused and upsetting. The public health nurse kept talking about school and pointing to the little girl. "The little girl," explains the woman, "is my dead sister's child, and I promised to take care of her. But unfortunately, she is sick and has been since she was born - a kind of brain illness which keeps her from talking or learning very much. We don't want to send her to school because she cannot learn, and she will feel embarrassed with the other children, and then the whole community will find out about her. This would be sad for the dead sister, who loved the little girl very much." The woman's husband doesn't know what to do, because he is afraid they will get in trouble if the child does not go to school. He has been very kind about the child, although he is careful not to tell people about her. He never has anyone over and does not want her to be taken out. The woman is torn - if the little girl goes to school the woman could go out sometimes and wouldn't be so lonely, but then there are the problems.

Discussion questions

What do you see as the problem in this situation?
If you were the caseworker what would you do?
What additional information would you want to know?

VIII THREE THEORIES OF COUNSELING: GESTALT, RATIONAL EMOTIVE, CLIENT-CENTERED

Objectives:

(1) Introduce the trainees to various theoretical approaches to counseling

(2) Compare and contrast gestalt, rational-emotive, and client-centered therapy

(3) Observe Fredrick Perls, Albert Ellis, and Carl Rogers demonstrating their counseling techniques

(4) Discuss the three theories of counseling and if these treatment approaches are applicable to the client populations served

THREE THEORIES OF COUNSELING: GESTALT, RATIONAL EMOTIVE, CLIENT-CENTERED

All counseling approaches have certain fundamental principles involving the helping process and the relationship between the client and counselor. A number of approaches in the West, however, have quite different principles which, in the end, greatly affect both the role of the counselor and the counseling process. During the next two training sessions we will focus on three approaches to counseling. They are Gestalt, rational emotive, and client-centered therapy, founded and developed by Fredrick Perls, Albert Ellis, and Carl Rogers respectively.

We will have an opportunity to observe Perls, Ellis, and Rogers interviewing the same client and thus demonstrate their individual counseling techniques. After each film we will discuss the following:

the verbal and nonverbal communication between the client and therapist

your perception of the client's problem

your impression of the counseling approach

your thoughts on whether this counseling approach would be appropriate for your client population

In addition, a brief summary highlighting each theory will be presented.

FILM - THREE APPROACHES TO PSYCHOTHERAPY[1]

Carl Roger's Client-Centered Therapy

[1]The following discussion of three approaches to psychotherapy - client-centered therapy, rational-emotive therapy, and gestalt therapy - is based on C.H. Patterson's Theories of Counseling and Psychotherapy (New York, 1980).

Carl Rogers is the founder and developer of client-centered therapy. This approach was based upon the positive assumptions that man is basically rational, socialized, and realistic. Each individual is capable of moving forward, discovering his own self if the environment is positive and nonthreatening. The counselor's basic philosophy is to respect the individual and his right to self-direction.

The counselor creates a nonthreatening environment and expresses acceptance, respect, and understanding to the client. Client-centered counseling is nondirective and avoids giving advice or finding direct solutions. The focus is on allowing self-exploration in an atmosphere of freedom and acceptance. The three conditions for a therapeutic climate in client-centered therapy are genuiness, unconditional positive regard, and empathetic understanding.

FILM - THREE APPROACHES TO PSYCHOTHERAPY

Albert Ellis' Rational-Emotive Therapy

Albert Ellis is the founder and developer of rational-emotive therapy. This approach assumes that man is capable of being rational despite powerful biological and social forces leading to irrationality. When man is thinking and behaving rationally, he is happy and competent. Emotional and psychological disturbances, therefore, are a result of irrational thinking.

The goal of rational-emotive counseling is to help individuals suffering from emotional problems change their thinking from irrational to rational. The first step in the process is to show the client that he is illogical and to help him understand how and why he is that way. The second step is to show the client that he maintains disturbances by continuing to think illogically. The third step is to help the client change his thinking from irrational to rational. Finally, the process goes beyond dealing with specific illogical ideas and focuses on a more rational philosophy of living.

After the initial stage, the counselor assumes a teaching role to reeducate the client. The counselor is active and direct in the teaching role.

FILM - THREE APPROACHES TO PSYCHOTHERAPY

Fredrick Perls' Gestalt Therapy

Fredrick (Fritz) Solomon Perls was the founder and developer of gestalt therapy. "Gestalt" is a German word that means whole configuration pattern or form. This approach assumes that human things are unified organisms and function as a whole; thus, the body, mind, and soul are all aspects of the whole person. In gestalt therapy the client is asked to experience as much of himself as possible; this includes nonverbal behavior such as voice, gestures, and breathing. It is believed that as the client becomes aware of the ways in which he has blocked or repressed the self, he can then become fully aware of his whole self.

The counselor in gestalt therapy tries to force the client to use his own resources for resolving problems. Thus, the counselor often frustrates the client's demands for support and forces him to discover his own way and his own potential; the client ultimately discovers that what he expects from the therapist he can do himself.

During the therapy session, the client "acts out" the problem. He is not allowed to talk about the problem in the past tense but must experience his life and problems in the "here and now."

IX PSYCHOANALYTIC INTERVIEWING AND COUNSELING SKILLS

Objectives:

(1) Suggest psychoanalytic methods that are applicable for use with Southeast Asian refugees

(2) Introduce tension regulation and catharsis as psychoanalytic treatment methods

(3) Present the concept of transference/ countertransference

(4) Discuss the importance of the counselor's understanding and knowing him/herself

INTRODUCTION

Near the end of the nineteenth century and on into the twentieth, an Austrian neurologist named Sigmund Freud developed a technique for helping people suffering from mental illness. Freud called his new science "psychoanalysis." Three quarters of a century later much has changed, and much has stayed the same. What does psychoanalysis have to offer Southeast Asian refugees in the 1980s?

Psychoanalysis has been much criticized as a treatment suited only to wealthy, verbal Westerners. Anthropologists and others have argued that its constructs are culture-bound and of little use in explaining the diversity of human experience, belief, and behavior found in non-Western societies so different from Freud's Victorian Vienna. But though it's true that many psychoanalytic constructs are culture-bound and that traditional psychoanalytic psychotherapy is not the answer for the mental health needs of the Southeast Asian refugees, there is much that psychoanalysis can teach counselors about the human mind and about how to help people with mental health problems and emotional needs.

Psychoanalysis is many things to many people. Freud himself suggested that psychoanalysis is:

a procedure for studying the mind,
a method for treating mental disorders
a collection of constructs about human nature

Many people, including psychoanalysts themselves, make the mistake of assuming that psychoanalytic constructs such as the Oedipal complex will be found in all cultures. But the Oedipal complex, and other psychoanalytic constructs, remain to be found in many cultures. If and when thorough psychoanalytic studies are carried out in these cultures, we will be in a position to settle this debate. For now, we should concern ourselves not with psychoanalytic assumptions about human nature, and not with psychoanalysis as an academic

procedure, but rather with psychoanalysis as a method of treating mental disorders. Our question thus becomes, which psychoanalytic clinical methods can be best adapted for use with a Southeast Asian refugee client population?

TENSION REGULATION

In conversations with our friends, or with a new acquaintance, we try to keep tension at a minimum. We change the subject if we notice that the person we are talking with seems uneasy or embarrassed. If there is an awkward silence we will say something, even if we have nothing to say (at least Americans do this). But counseling has very different goals than friendship. And because counseling is not just conversation, a good counselor will not always want to reduce tension to a minimum.

On the other hand, counseling is not interrogating, and our clients should not be treated like captured prisoners of war! To get information from an enemy, the interrogator raises tension to a maximum. What is needed in counseling is a balance between high and low tension.

Psychoanalytic clinical method teaches us that tension is a tool which a skilled counselor can use to help his client. A client clearly can't be reasoned with if the tension level is too high. In working with a client who is experiencing a lot of tension in the counseling situation, we want to try to reduce the tension level. With such a client we should avoid any arguing or confrontation and take a soothing stance. We also cannot do a complete job of counseling if the client experiences too little tension in the session. Friends offer support: counselors should balance support with helping the client to better understand himself and to learn to deal with his problems in new ways. When people come for counseling they are ambivalent; they have a desire to tell someone their real feelings, to open up their heart, but they also are afraid of this, and they want to hide their true feelings. Psychoanalytic technique suggests that the counselor encourage the client to bring out his inner feelings. To do this, the counselor has to battle with the client's ambivalent desire to cover up, to not let his feelings out.

This can be accomplished by raising the tension level when the client tries to lower it. If the client brings up important feelings and then changes the topic, the counselor can reintroduce the more painful and important material. If the client avoids an important issue, for instance by chatting away about his children, who are doing fine, and never mentions his wife with whom he may have problems, the counselor may want to ask directly, "And what about your wife?" Sometimes, tension can be raised best by talking more. Other times the counselor can raise tension, and thereby bring out important material, by remaining silent when the client expects a response.

We should be careful in our use of this technique. We should remember:

1. Optimum tension is not maximum tension. The tension level should not be as high as possible, but rather should be adjusted by the counselor for each client's needs, and during the counseling session for each client.

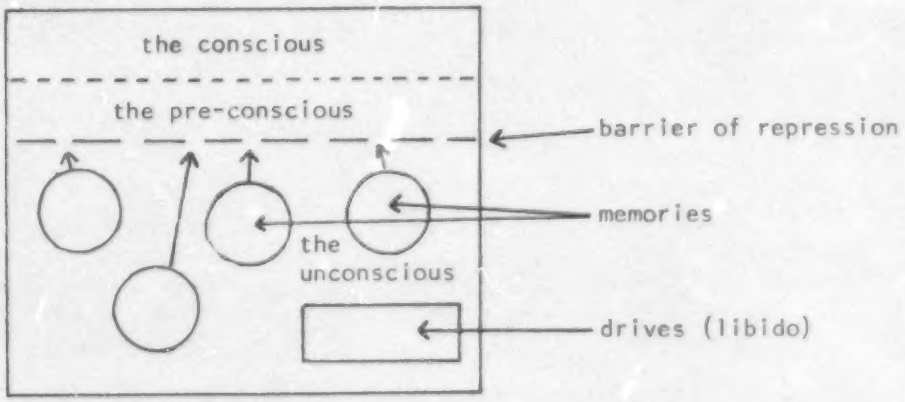
2. In the beginning of an interview, and in the first counseling session in general, tension levels should be kept down to encourage the client to come back and to trust and like the counselor. Psychoanalysts call this period, "forming a therapeutic alliance." This means, the counselor and client first agree to work together on the client's problems, and once they have made this "alliance," then the counselor can begin to raise the tension level when necessary.

3. Cultural differences should be considered. Westerners are used to a higher level of tension in everyday conversation than is usual in Southeast Asia, and a Southeast Asian client might be scared away more easily than an American client by high tension levels in counseling. But the Southeast Asian counselor shouldn't use cultural differences as an excuse or crutch for not doing real therapy. The counselor must consider, "Am I keeping the tension level down because my client is uncomfortable or because I am uncomfortable?"

TRANSFERENCE/COUNTERTRANSFERENCE

Psychoanalysis is not, as many people believe, the study of the past or the study of childhood. Rather, psychoanalysis is concerned with how the present is affected by the past and how the client's present level of functioning is constrained by previous experiences. Psychoanalysis can help free a person from his past.

The general term for past events impinging on our present thinking and behavior is "transference." The past reaches up into the present through memories which rise out of our unconscious and latch onto our conscious thoughts. Things that happen to us throughout our lives remain a part of us as unconscious memories. Memories which we find unpleasant, or embarrassing, or which don't meet our adult standards of rationality generally remain unconscious, which means they are inaccessible to our "waking" or conscious minds. These memories and other unconscious material such as primitive wishes and fears escape from the unconscious into consciousness in the form of dreams and hypnotic states, and in the mentally ill, in the form of hallucinations and delusions. There are other less dramatic ways in which unconscious memories and other thoughts reach into our conscious life. When we smell a certain smell and think of a place we were a long time ago, that is an example of transference of the past onto the present and of the unconscious onto consciousness. If a refugee is afraid to go on a boat because it reminds him of a traumatic escape by sea, that is also transference.



Transference reactions are very common in counseling situations, since counseling stirs up deep emotions. Clients thus often react to the counselor according to some past experience, expecting the counselor to behave like someone they knew before, and treating the counselor in a manner they have used to relate to someone else. Clients, for example, have unrealistic expectations and hopes about how the counselor will take care of them. These unrealistic feelings are often a transference of feelings they had about their parents, who once did take care of them, onto the counselor, who they now hope will behave like a parent. Other people, who had bad experiences with their parents, may accuse the counselor of treating them like children.

How is the counselor to deal with these transference reactions? There is no easy answer. For most clients, the counselor can just recognize transference reactions and try to remind the client of reality ("I will try to help you, but please don't expect too much. We must work together.") For other clients, it may be possible to "interpret the transference" - meaning that the counselor can point out to the client that he is seeing the counselor as a parent, and reacting inappropriately to the reality of the situation. The counselor can then go on to explore, with the client, feelings he has about the parent, or other figure, which he is transferring to the counselor.

When the counselor has a transference reaction to his client, psychoanalysts call it a "countertransference." Countertransference takes two forms. In the first, the counselor, who is after all a human being like any other, reacts to a client according to some unconscious memory or wish which is unresolved. Thus, if the counselor has not worked out his feelings about his father, he may have trouble working with older men as clients. If the counselor is having marital difficulties, she might find herself arguing with a client. If the counselor has not dealt adequately with feelings of loss and mourning, he may not respond empathically to a client's attempt to discuss these feelings.

The other form of countertransference is the mirror image of a transference reaction. Here, if the client is having a transference reaction and treating the counselor like a parent, the counselor, if he is not careful, will find himself responding by treating the client like a child. If the client is flirting with the counselor, there will be a temptation to flirt back. Countertransference reactions of this type are very common, but very destructive to the counseling. Client's transference reactions can be very strong, and very seductive.

The counselor can best deal with both of these types of countertransference reactions by:

1. Knowing himself. If the counselor is aware of his own needs he can better watch out for imposing these needs on his clients. The counselor must be constantly intropective and self-critical, asking himself with each client, "Am I responding to the client as he is, or am I seeing him unrealistically."

2. Working through his own problems and memories. Psychoanalysts are themselves always analyzed, with the hope that they can work out their problems in advance, so as not to impose them on their clients. Psychoanalysis isn't always successful, and it isn't necessary for you to be psychoanalyzed to be good counselors. What is necessary is that you work through any unresolved issues you have before you attempt to help others. This is an ongoing process.

3. Using supervisors and other co-workers who often can see countertransference reactions in the counselor and can point them out.

Before leaving the subject, we should make note of one very common transference/countertransference reaction that comes up in counseling. The client will often try to see the counselor as a friend, rather than as a helper, and show this friendship by asking the counselor questions about his own life and his family. We all like to talk about ourselves, and think about our problems; so we must all watch out for this countertransference temptation and be careful not to respond to these questions on the surface level but rather turn the attention back onto the client and his problems and needs.

CATHARSIS

Why do people with emotional problems get better? What is the key element in "curing" problems in a counseling setting? Nobody really knows for sure, but psychoanalysts believe that many people are helped just by getting a chance to "talk through" their feelings with a good and responsible listener. A skilled therapist, by helping the client to get his feelings out, can contribute to the client's feelings of "catharsis," which means, literally, to be cleaned out, to get vile material out of the system.

Psychoanalysts also say "consciousness is cure." This statement means that if people can be helped to become aware of their inner feelings, and of unconscious memories, these feelings and memories will no longer have such a hold on the person. A counselor can help his client by making the unconscious conscious. Many of our secret fears which haunt us in our nightmares, and contribute to debilitating phobias and neuroses, can be alleviated by simply being brought into consciousness and exposed to the light of day. Many of these fears go back to childhood, when the world was stranger and more threatening to us. These fears were quickly repressed, meaning they were pushed into the unconscious, where they can reach out to disrupt our life, but where our adult egos can't reach them. These childhood fears and memories can be "neutralized," which means robbed of their power, if they are made conscious.

X CRISIS INTERVENTION

Objectives: (1) Define the crisis situation

(2) Introduce crisis intervention treatment model

(3) Suggest treatment techniques utilized in crisis situation

(4) Discuss rape as one example of a crisis situation

WHAT IS A CRISIS?

A crisis is a situation resulting from an unusually stressful event or series of events; the individual feels overwhelmed and is unable to cope adequately. Crises are usually initiated by hazardous events, either an external blow or internal change, which upset the individual's state of relative stability and put him in a vulnerable state.[1]

Each individual reacts to crises in his own way depending on his perceptions of it.

> He may feel it as a threat to his well-being as it calls forth feelings of anxiety and fear.
>
> He may perceive it as a loss of a person or ability which brings with it grief, depression, and mourning.
>
> He may experience it as a challenge to survival and self-growth and thus feels anxious but also hopeful.[2]

Sometimes the crisis reactivates an earlier unresolved conflict so the individual responds in an inappropriate manner.

There are two categories of crisis events: unanticipated and anticipated. An unanticipated event means that the event is unpredictable and thus the individual has little or no warning of it. Examples include rape or the sudden, unexpected death of a loved one. As you will recall, we discussed during the first training course the work of Erik Erikson and the developmental life stages. It is during these stages that anticipated crisis events may occur; here the individual is more vulnerable and less able to deal with stress. Paralleling the individual's life stages are the life stages of the family as a unit.

[1]See Naomi Golan's Treatment in Crisis Situations (New York, 1978), p. 8.

[2]See Lydia Rapaport's "Crisis Intervention as a Mode of Brief Treatment," in Theories of Social Casework, ed. R.W. Roberts and R.H. Nee (Chicago, 1970), p.277.

FAMILY LIFE CYCLE AND CRISIS TASK STAGES[3]

Crises often occur during the following events or stages in the life cycle:

1. Establishment of the marriage
2. Birth of the first child
3. Child's development of physical mobility
4. Entrance of first child in school
5. Beginning of adolescence
6. Achievement of adult status
7. Arriving at old age

As bilingual human service workers you are constantly called upon to assist clients in crisis situations. Let us take the time to discuss the following:

1. Give an example of a crisis situation that you had to deal with in the refugee community you serve.
2. How did you facilitate the situation?
3. How does it personally affect you to be working with others who are experiencing crisis situations?

3See Golan's Treatment in Crisis Situations, pp. 151-60.

TREATMENT IN CRISIS SITUATIONS

Crisis intervention is the special kind of brief counseling which the client needs when he experiences an immediate crisis. The main purpose of crisis intervention is to soften the stress in order to help the client cope in an effective way and return to (at least) a state of pre-crisis competence. The real crisis stage or period of intense emotional confusion and upset usually lasts four to six weeks; it is during this time that the client is most able to be helped since he is especially motivated to relieve his pain and discomfort.

TASKS TO ACCOMPLISH IN CRISIS INTERVENTION

1. To determine the crisis' cause (event) and its meaning to the client.

2. To discover what coping strategies the client has used before and to assess their usefulness in this situation.

3. To search for new means of coping.

4. To support and help implement useful action.

CRISIS INTERVENTION - TREATMENT MODEL[4]

There are three basic stages in crisis intervention - formulation, implementation, and termination.

1. Beginning phase: formulation

   (a) The immediate focus is on the crisis situation.

[4]See ibid., pp. 84-94.

(i) Focus on the event or events that led up to the client seeing you at this time.

(ii) Encourage emotional reactions to the event.

(iii) Once the client has had an opportunity to ventilate some of his emotions, try to focus on the original hazardous event and subsequent events leading to crisis.

(iv) Assess nature and duration of the vulnerable state, including earlier attempts to cope with problem.

(v) Assess the client's present situation and his present coping mechanisms.

(b) Evaluate current situation.

(i) Worker identifies the situation as to what he thinks is going on and what he sees as the most crucial problem on which to concentrate.

(ii) Client has an opportunity to review how he sees the situation and what he wants to work on first.

(iii) Together the client and worker decide on target area on which to work.

(iv) The worker and client agree on a plan of action.

2. Middle stage - implementation

(a) Organizing and clarifying data.

(i) Obtain missing information to form adequate picture of crisis and events leading up to crisis.

(ii) The worker discovers central themes in client's discussion (such as loss, disappointment, fear of being rejected).

(b) Altering behavior.

(i) Identify again past patterns and appraise effectiveness.

(ii) Set up intermediate goals which can be realistically achieved in a short span of time.

(iii) Client and worker together will work out specific tasks in order to reach goals.

3. Ending stage - termination

(a) Determine date of termination.

(i) Keep track of passage of time to encourage working toward goal.

(ii) Deal with resistance to terminate.

(b) Review progress in treatment.

(i) In last or next to last session summarize progress, review themes, and point out achievements.

(c) Plan future activity if needed.

(i) Discuss what the client's plans are for future when he is on his own.

(ii) When saying goodbye emphasize the client's independence but let him know you're available if he should need your further assistance.

TREATMENT TECHNIQUES

Certain methods or techniques can help you assist your client toward his goal within the model of crisis intervention. The use of certain treatment techniques will depend on the stage of intervention and what you hope to accomplish.

HOLLIS CLASSIFICATION: CLIENT-WORKER COMMUNICATION [5]

1. Provide support

   During the beginning stage of crisis intervention supportive techniques are used to reduce the client's anxiety and tension and to provide emotional support. Often the worker will reassure the client that the feelings he is experiencing (such as anxiety) are normal in a crisis situation. Sympathetic listening and encouraging the client to ventilate feelings are often useful techniques.

2. Direct influence

   Direct influence is used more often in crisis intervention than in other types of treatment. During times of active crises advice giving or advocating certain courses of action can be useful with an overwhelmed and confused client. Direct intervention techniques are utilized in extreme conditions such as suicide threats or attempts or when the safety of others is threatened. It should be emphasized that the worker should always notify his supervisor of these serious conditions.

3. Reflective discussion

   The worker provides information so that the client can see the situation more objectively. The worker can assist the client

[5] See ibid., pp. 98-102.

in examining his part in the situation, to help him gain self-awareness.

Aside from directly assisting the client, the worker often will provide indirect help which in many cases is equally valuable. Often this entails locating existing resources, local officials, and agencies which can be helpful to the client.

EXAMPLE OF CRISIS SITUATION: RAPE

For our purposes we will limit our discussion to rape among adult and adolescent women. We will define rape as the "forced sexual penetration of women by a man accomplished under actual or implied threat of severe bodily harm."[6]

Reactions to rape can be divided into three stages:

1. Stage one

   There is an acute reaction of disorganization, fear, outrage, and shock.

2. Stage two

   Outwardly the woman appears adjusted; she often says she is over the shock and needs no further help; however, she is often suppressing and denying her feelings.

[6]See Sandra Sutherland and Donald Scherl, "Patterns of Response Among Victims of Rape," American Journal of Orthopsychiatry 40 (April 1970): 540.

3. Stage Three

The woman needs to integrate a new view of herself and resolve her own feelings about the rape. Often this stage begins with depression and the urge to talk about the situation. Nightmares and phobias (fears) are quite common during this phase.[7]

Rape victims need the following:

1. Information about where to go to obtain services (medical, mental health, legal).

2. Immediate and follow-up medical care.

3. Immediate and follow-up counseling for emotional trauma.

4. Sensitive treatment by officials who treat or question the victim (police, medical staff, social workers, lawyers).

5. Support from friends and family.

6. Legal assistance.[8]

An alarming number of Vietnamese women are raped by Thai fisherman before arriving at the refugee camp. The incident of rape is so great at the Songkhla Refugee Camp that a women's counseling team is warranted. The team consists

[7]See Golan, Treatment in Crisis Situations, pp. 207-9.

[8]See Gail Abarbonel's "Helping Victims of Rape," Social Work 21 (November 1976): 478-82.

of a Vietnamese physician or nurse, a Vietnamese counselor, and mature refugee women (trained by the physician or counselor to help interview and provide guidance to the victims). The team deals with the victim's medical and psychological problems.

Aside from the purely medical problems, the counseling team has identified the following psychological problems:

1. Depression and psychological shock.

2. Anxiety according to the individual's situation including:

   (a) fear of how the husband (if he is in Vietnam or in host country) will react

   (b) fear that the rape will affect chances for future marriage

   (c) fear of pregnancy and damage of reproductive organs

   (d) fear of being looked down upon by family and friends

3. Feeling lack of self-worth and alienation.[9]

The counselor provides both individual and group counseling (adapted to Vietnamese culture and values) to the rape victims. "Certain themes have proved effective and supplement cultural values;

[9]See Thanh-Nguyet T. Mehlert's "Report on Women's Counseling at Songkhla Refugee Camp" (12 December 1980; Songkhla, Thailand), p. 4; prepared under the auspices of CARE.

1. What has happened was an 'accident' (tai-nan) such as can occur to all people but in different forms.

2. What happened was out of the control of the individual and therefore cannot be considered 'shameful.'

3. 'Virginity' as such cannot be defined merely as the presence of a membrane but should have a spiritual meaning."[10]

These rape victims will need special support and sensitivity from the human service worker once they are resettled in this country.

SUGGESTED ROLE PLAY EXERCISE

Break into pairs and role-play a counseling session. One person will be the client and the other person the counselor. Select one of the situations below or choose a situation which you have encountered in your work.

1. You are a twenty-two-year-old woman who has been raped by a stranger yesterday. You are scared, confused, and overwhelmed. Your caseworker is the first person with whom you are sharing this experience.

2. You are a thirty-year-old woman with a six-year-old child and are in the process of getting divorced. It was an arranged marriage and since you arrived in this country there seems little reason to stay together. Although you're not regretting the divorce, you're anxious about being single and independent.

[10]Ibid., p. 8.

3. You and your wife are middle-aged. Your seventeen-year-old son is acting disrespectful toward you and his grandparents. You recently got a call from the school that he has been in a fight. You come into the office with your son.

4. You are a forty-five-year-old man who recently found out you had cancer. You have a wife and three children. The doctors are quite hopeful since it was detected in the early stage. You are frightened and depressed.

XI WORKING WITH REFUGEE ADOLESCENTS

Objectives:

(1) Review the concept of adolescence

(2) Present special problems and issues Southeast Asian refugee adolescents face

(3) Discuss ways to help Southeast Asian adolescents

(4) Practice counseling techniques

REVIEW OF THE CONCEPT OF ADOLESCENCE

adolescence is a stage in the life cycle with unique challenges and problems

adolescence begins with puberty and ends more gradually with the transition to adulthood

adolescence is a time of rapid physical change, including dramatic hormonal changes which affect not only body size and shape but the emotions and sex drive as well

for many adolescents in Western cultures it is a time of emotional upheaval, as the youth struggles to deal with his or her newly developed body, new urges, and the new, heavier demands placed on him by parents and by society

theoretical perspectives on adolescence: Erickson says the critical issue during this stage is identity versus role confusion. Blos says the critical issue is separation. Freud says it is dealing with mature sexual drives and feelings (the Oedipal conflict). Piaget says it is the development of abstract thought.

Each adolescent attempts to deal with these physical and emotional changes and challenges in his or her own way. Yet, there are significant similarities, or patterns, we can observe in American "teenagers." We can generalize that most adolescents are:

moody and often have extreme mood swings
attracted to peer groups
resentful of authority
preoccupied with their bodies
filled with sexual feelings

WHAT SPECIAL PROBLEMS FACE SOUTHEAST ASIAN REFUGEE ADOLESCENTS?

We can speculate that the Southeast Asian children growing up in America will have special problems. Indeed, caseworkers here and around the country from

each of the ethnic groups are reporting the increasing development of problems of youths in their communities.

The problem of identity - "Who am I?" - is clearly more difficult for a refugee adolescent who lives at the interface of two cultures than it is for teenagers back in Southeast Asia. The refugee adolescent must not only deal with the usual identity issues of sex role, career choice, body image, etc., but also with the question of who he is culturally. "Am I an American? Am I a Hmong? Am I a Hmong-American? If so, how do I balance the two?"

Adolescents typically work these identity issues out in the context of their relationship to their parents. They observe and imitate their parents, they ask their parents questions, and they fight with, provoke, and challenge their parents in their struggle to decide who they are and who they would like to be.

In times of rapid cultural change it is more difficult for adolescents to use their parents to help them deal with identity problems. The "generation gap" is widened for the refugee who grows up in a world very different from the one his or her parents grew up in. The respect for elders which has typified Southeast Asian cultures for centuries is being threatened by life in America.

This is partly because Southeast Asian teenagers increasingly know more about American culture than their parents. A Southeast Asian adolescent confused about career choice can't turn to his father for help and advice if his father knows little about working in an urban environment. Similarly, a Southeast Asian adolescent may see her mother as hopelessly "old fashioned" and "out of touch" about dating, sex, romance, and marriage, and she will thus not seek her mother's counsel and may ignore her parents' concern and reject their advice.

An even more serious threat to the Southeast Asian adolescent's respect for his or her parents lies in the fragmentation of the Southeast Asian family. Many families have lost a parent. Most have lost aunts, uncles, grandparents, and other extended kin who were close relatives in Southeast Asia.

Furthermore, even if the parents have survived physically, they may be significantly scarred emotionally. If the father, for example, is depressed and feels helpless and incompetent in his new environment, how is the son to relate to him? If the mother feels so confused about the cultural changes she has gone through that she is afraid to leave her home, how is her daughter to respect her and turn to her for advice about being a woman in America?

And if the parents are ashamed, depressed, or bitter about their own people, how is the Southeast Asian teenager to form a strong ethnic identity?

Research with other refugees, especially with young survivors of the Jewish holocaust, is instructive here. Many Jewish adolescents in the years following the war felt ashamed of their parents and ashamed for their parents, ashamed that such a terrible thing happened and that their parents where powerless to stop it. It is crucial for adolescents to see their parents as people able to affect and control their lives, and, however unfairly, refugee children, many consciously or unconsciously, blame their parents for failing to protect them adequately from loss, pain, and instability in their lives.

These feelings of shame and anger may lead refugee adolescents to reject their culture as a culture of failure. They may claim to be, for example, not a Hmong, and not a Hmong-American, but a "regular American." This is sad not only for the parents but for the adolescent as well who eventually must come to grips with who he or she really is. And the adolescent who fails to come to form a strong and positive ethnic identity today will have problems as a parent in the years to come when his children become adolescents struggling with their identity problems.

Of course all refugee adolescents don't reject their parents and their culture. Many react in just the opposite way. Many Jewish refugees' children, for example, felt a great burden on them to please their parents. They seemed to feel it was their responsibility to make up to their parents for all the opportunities the parents missed. These adolescents say, "I must live not only for myself but also for the people who didn't survive the war and for the lives my parents missed and are now too old to enjoy."

Many of these children are very successful. They push themselves very hard. But many have an extraordinarily difficult time with separation from their parents. It is hard on both them and their parents to let them grow up and begin an independent life.

Children of refugees thus have special strengths and special problems. For the Southeast Asian refugees, as for other ethnic groups who have come to America, it is the adolescents who lead the way for their people in bridging the gap between the old and the new culture. Thus, the solutions the Southeast Asian adolescents reach in struggling with their own identity conflicts will form the basis for the ethnic identity of their people in America in the years to come.

HOW DO WE HELP SOUTHEAST ASIAN YOUTHS?

First of all, we must be patient and sympathetic. We must remember that these adolescents are struggling with not only the usual traumas and strains of the American teenage years but also with the additional burden of forming a secure ethnic identity as a Vietnamese, Lao, Hmong, or Cambodian American.

Adolescents typically are provocative, and refugee adolescents are no exception. Acting out is to be expected, though not condoned. This acting out is likely to take the form of promiscuous sexuality, rudeness to parents and other adults, and juvenile delinquency such as petty crime, drinking, drugs, and "gang" activity.

In other adolescents, the strains of this stage will lead not to acting out but rather to depression and withdrawal.

In working with adolescents our personal feelings must be kept in check. Adolescents who need our help may treat us in the same provocative manner they treat their own parents. This, you will recall, psychoanalysts call a transference reaction. The adolescent transfers feelings about his or her parents onto other adults. For some adolescents it is safer to confront a teacher or social worker with their anger and disrespect than their own

parents. In these situations the counselor must be careful not to take the adolescent's behavior toward him personally.

There are several reasons why it is hard to avoid responding emotionally to a provocative adolescent. The adolescent, first of all, might remind us of ourselves as teenagers and reawaken tensions and conflicts (such as unresolved anger toward our own parents) which remain alive just below the surface in each of us.

Second, an angry or disrespectful teenager might become associated unconsciously in our minds with our own children, and we might find ourselves responding too emotionally to an adolescent client, responding more like an outraged parent than a compassionate counselor.

For the caseworker, countertransference reactions (as these reactions caseworkers have to their clients are called) are especially likely to occur as the adolescent's anger and disrespect may touch a sensitive nerve in the caseworker who is himself a refugee continuing to struggle with issues of identity, anger, and shame.

By being aware of these tendencies to respond emotionally, the caseworker can improve his ability to control his countertransference reactions, and thereby be a more effective and supportive counselor.

A few further tips in working with adolescents:

1. Many of the feelings and behaviors of adolescents which are extreme are normal at this age and will pass if we respond patiently and "stay cool." Confrontations with adolescents will usually just aggravate the problem and will seldom lead to mutual understanding.

2. Don't back adolescents into corners. They feel things strongly and they tend to see the world in black and white terms. They will not back down easily and will feel that it is a matter of pride and independence to not back down to an adult.

3. Offer them a chance to relate to adults other than their parents. They need adults as role models and they need a chance to sort out their generational differences with adults. A strong adult can often help an adolescent with problems better than the parents, who are too emotionally involved to be able to empathize with the adolescent's position.

4. Create and support healthy peer group situations for them. They need a chance to be with other people going through the things they are going through. They also need a place of their own and a chance to run their own groups with minimal adult supervision.

ROLE PLAY SITUATION

Divide into pairs and decide roles. Spend twenty minutes role playing the following situation:

Boy: You are a 16-year-old Vietnamese boy. You arrived in this country two years ago with your mother and younger brother. You have been staying out late and have not been as traditionally Vietnamese as your mother wants you to be. Last night you came home late after having been drinking. You had a bad argument with your mother, and she told you that you could no longer live in her house.

You go to the office of the caseworker who resettled you and ask if the agency could loan you $100 for your living expenses.

Caseworker: You are the caseworker who resettled the family.

XII WORKING WITH FAMILIES - Part One

Objectives:

(1) Review sociological and psychological concepts of the family which pertain to helping families and their individual members

(2) Discuss the rationale for working with the family unit instead of the individual and relate this to the "system theory" approach to casework

(3) Introduce cross-cultural implications for working with families

(4) Practice intervention techniques

In discussing the various skills needed to work with people, we have assumed that our client was a single individual with a particular identified problem. We have also discussed the importance of the environment in which that individual lives and interacts. Since the most immediate environment for any person is the family, we often find that unless we work to some extent with the family, we cannot help our client adequately.

When more than one member of the same family is seen at the same time, we are involved in family counseling. For many people, the term "family counseling" is troublesome, especially in a cross-cultural situation. But before we decide if family counseling as a technique is appropriate or not cross-culturally, let us explore what it really means and what it attempts to accomplish.

To begin, read the next page and fill in the blanks. Don't look ahead! Afterwards we will discuss our answers with the class and then proceed to the next page.

Mrs. Nguyen telephones the caseworker (you) because she is afraid something has happened to her nineteen-year-old son. Mr. Nguyen and the son had a terrible fight two nights ago, and the son called his father several bad American swear words. The father was furious and slapped his son across the face, at which point the son stormed out of the house. He still has not returned. Mrs. Nguyen is quite upset and seems on the verge of tears.

WHAT WILL YOU SAY TO HER?

WHAT DO YOU PLAN TO DO NEXT?

Right after you hang up, another client comes to visit and it is nearly an hour before you can get back to the Nguyen case. The phone rings just as you are saying good-bye to the other client. It is the nineteen-year-old Nguyen son. He says he needs your help in finding a place to live. He explains he has a new job and wants to be independent now. Apparently he does not know that his mother called or that you are aware of the circumstances of his departure from the family.

WHAT WILL YOU SAY TO HIM?

NOW WHAT STEPS ARE YOU PLANNING TO TAKE?

After reviewing your impressions and proposed plans, you decide to visit the family. After lunch you stop by the Nguyen apartment. Mrs. Nguyen is terribly upset, and as you try to talk to her she begins to cry. Mr. Nguyen seems angry, he dismisses his wife's tears with the comment "She cries all the time - don't worry about it."

Mr. Nguyen explains that the fight was over the son's paycheck from his after-school job. Mrs. Nguyen interrupts to say that because of his job he wasn't studying enough. Mr. Nguyen continues his story: The couple's seventeen-year-old daughter wanted to take a typing course in the summer and Mr. Nguyen had planned to use part of the son's earnings to pay for it. He had been quite surprised and angry when his son was reluctant to turn over the money.

WHAT DO YOU SEE GOING ON HERE?

WHAT WOULD YOU SAY TO THE FAMILY AT THIS POINT?

Mrs. Nguyen doesn't seem to hear anything you say. She is now sitting on the couch shaking her head from side to side. She is talking about her hometown in Vietnam and the good marriage her daughter would have had. Her poor daughter has to take secretarial courses and go to work! If only her husband earned enough money to support them!

WHAT WILL YOUR RESPONSE TO MRS. NGUYEN BE?

WHAT DO YOU THINK YOU SHOULD DO NEXT?

You remember that another client is coming in at four o'clock so you must get back to the office. You excuse yourself, saying that you will be in touch as soon as possible, and return to the office. As you are hanging up your sweater, your American supervisor stops by with a message from the Nguyen son. The son had called to say that he already found a room at the YMCA, therefore he doesn't need to see you.

"I understand he found a good job," comments your American supervisor. "His parents must be very proud that he is so independent and grown-up. By the way, where were you this afternoon?"

WHAT WILL YOUR ANSWER BE?

AND WHAT ARE YOU GOING TO DO NOW?

As you have discovered a number of things are going on in the Nguyen family: intergenerational difficulties, lack of money, cultural problems, differing expectations and values as to ownership, obligation, sharing, independnece versus dependence.

As a caseworker, you can choose between two approaches to working with this family: (1) you can continue to talk to one member at a time, interpreting, negotiating, and explaining things to the other members as you go along; or (2) you could see several members together to bring the issues out in the open and sort them out.

Before you decide which you would do, let us explore the second alternative, including some of the possible reasons for choosing that option, the skills needed to carrying it off, and some of the psychological dynamics you want to look for.

FAMILY COUNSELING: A GROUP PROCESS

Family counseling or family therapy refers to counseling which involves more than one member of the family at the same time. It might be an appropriate approach when the "problem" seems to involve the family as a unit. The composition of the counseling group (that is, those family members who actively participate in counseling) is flexible depending on (1) the problem, (2) the progress of the family toward desired goals, and (3) the particular stage of the counseling process.

WHY FAMILY COUNSELING

A person's unhappiness or "problem" is usually both <u>interpersonal</u> and <u>intrapersonal</u>. We suggested previously that all learning is basically social, and thus everything we are and do is a result of our social experiences interacting with our genetic potential. As human service workers we often find that

intrapersonal distress or conflicts are the result of past interpersonal experiences and that those intrapersonal problems become interpersonal conflicts, creating a self-perpetuating cycle.

Marriage counseling and family therapy are relatively new psychotherapeutic methods. The following clinical observations make it clear why family counseling is well accepted:

1. Working with one troubled spouse does not usually accomplish much toward bringing about change or improvement in the marriage or family setting.

2. Sometimes when one member of a family who is undergoing treatment begins to improve personally, symptoms begin to appear in another family member.

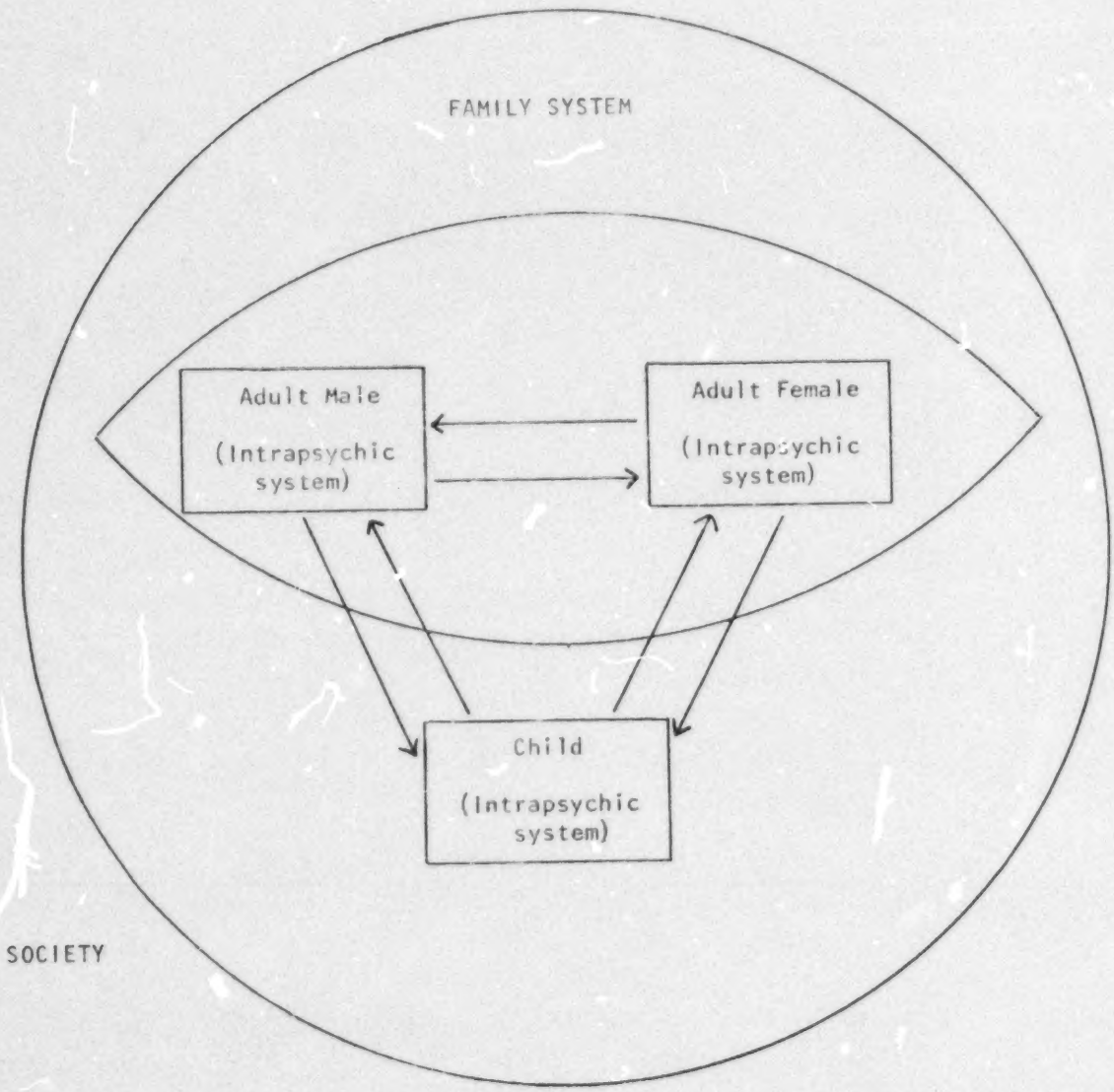
3. Too often a patient will return home much improved from a hospital only to have a relapse once back in the family.

These observations suggest a system of family processes, action, and communication that is most effectively handled when treated as a unit. The term system refers to two or more units so interrelated that a change in any single unit will affect the total unit. On the next page is a diagram of the family relationship system.

WHAT IS THE GOAL OF FAMILY TREATMENT?

The goals of family treatment must take into account both the family as a system and the individual family members. Although goals are designed for the family as a unit, there also needs to be a focus on the development of each individual personality to its fullest capacity.

FAMILY RELATIONSHIP SYSTEM[1]



[1]Diagram taken from Charles H. Kramer's "The Theoretical Position: Diagnostic and Therapeutic Implications," Beginning Phase of Family Treatment, proceedings of a workshop on family therapy (Chicago: The Family Institute of Chicago, 1968), p.5.

WHAT KINDS OF PROBLEMS ARE MOST APPROPRIATE FOR FAMILY COUNSELING?

Whether or not to choose family counseling may be determined by: whether the other family members have caused or exacerbated the client's distress, whether the client's difficulties are affecting the rest of the family in an adverse manner, or whether the possible solution and treatment process will affect the family process.

Another way to determine whether or not the family needs to be involved in the casework process is to ask whether the problem is related to the family life cycle. In the life cycle of every family there are certain periods of time which place special stress on one or more members. Such occasions are when each family member and the family as a whole are being asked to adjust to something new, when members are finding new ways to relate to each other, or when they are redefining their roles in relation to each other. Some examples in life cycle issues include: getting married, the birth of a child, adolescence, entering old age.

Counselors who work with families talk about the equilibrium of the family. By this they mean that most families work out for themselves a way of interacting, getting tasks done, solving minor problems, and relating to the outside world. If the balance that is presently operating is a pathological one that hurts family member(s), the counselor will aim at creating a more positive, healthy equilibrium within the family.

HAS FAMILY COUNSELING WORKED IN INTERCULTURAL SITUATIONS?

It is difficult to help family members understand one another better, communicate better, and respond more positively to each other if they don't meet together to work out differences and explore ways to get along. Family counseling is a way to bring families together, not maintain separation. If the counselor insists on going from member to member as mediator, he will confirm by his actions the family members' own beliefs that they cannot

succeed in finding an agreeable solution. The counselor will have done nothing to teach better coping skills or more responsible means for resolving conflicts in the future.

In the many cultures we have discussed, there is a tradition of solving problems as a family unit. Whether the patriarch (oldest male) of the family calls everyone together or meets with a husband and wife plus the others involved, or whether the village headsman visits the family to mediate in a crisis, the situation is the same: family members are involved in verbalizing the difficulties and searching for solutions. Thus, family counseling in Western cultures may be only a formalized version of what already exists informally in other cultures.

XIII WORKING WITH FAMILIES - Part Two

Objectives:

(1) Present model for assessing family functioning and setting forth treatment goals

(2) Discuss role of family counselor

(3) Suggest family counseling techniques

(4) Introduce the principles of behavior modification as it applies to working with families

Last session we presented a rationale for working with the Nguyen family as a unit. Today let's see how we might proceed in the process and examine some of the important factors in helping families change.

HOW DO WE "DO" FAMILY COUNSELING?

It is often best to begin by involving the whole family. In this way the helping process can begin together, concepts and procedures can be clarified, expectations by the counselor can be stated, and the actual family interaction can be observed. Each person in the family can see each other not only as an individual but as a position/role in the family system, and it will be easier for the counselor to demonstrate the need for mutual involvement and to point out the mutual benefits from family counseling.

Diagnosis and treatment planning require attempts to answer the following questions:

1. What is the major problem?

   How is it identified or described by each member?

   What does the problem mean to each member?

2. Is this problem precipitated by a life cycle crisis, by some external crisis, by the relationship between the family and other social systems?

3. How willing are the members to participate in counseling?

   Who is the "identified client"?

   Do they agree on where to place blame?

4. How do the various members relate to each other?

   Is it a free-for-all or are two or more members involved in a coalition against another?

   Is the communication straightforward or full of hidden meanings?

   What emotions seem to dominate the family process?

5. What needs to be changed?

   Is it family communication patterns, the feelings and attitudes of an individual family member, family interrelationships with other other social systems?

6. How will change affect family balance and functioning?

7. What part of the problem could most easily be modified at this point in time?

   What should be the major focus (e.g., emphasis on more effective coping modes, emphasis on greater self-awareness)?

8. What are the resources for change within the family as a group and within individual members?

These questions provide us with some important insights into the Nguyen family. For instance, the "problem" turns out to be several, very different "problems" for various members of the family. The source of the family difficulties changes according to the perspectives of the individual members. Although apparently all the family members are rather highly invested emotionally in the family, the son seems least so, at least under certain circumstances. What are these circumstances? How do these family members relate to each other, and, just as important, how do they think they should relate to each other? There are conflicting values here which must be articulated and discussed. Finally, how does each individual react to stress, and does each successfully "read" the other's reactions so as to provide adequate help and emotional support?

As you can see, in order to answer these questions and begin meaningful treatment, it is best if the family is meeting together.

Sometimes, however, it is difficult to involve the whole family from the very beginning. Sometimes one person comes secretly, or distance (physical or emotional) between members makes coming together impossible, or one member may be particularly ill.

If only one person or a subgroup is seen initially, or even for some duration of the helping process, these questions should be kept in mind:

1. Who does the family identify as having "the problem"?

2. What role does the person(s) in counseling play in the family system?

3. Is the problem, or certain aspects of the problem, being concealed from other family members? Why? Is there an issue of control or "getting the counselor on my side" at work?

The manner in which the family counseling begins, and who is involved, is significant in itself and deserves your careful attention.

WHAT PARTICULAR ROLE DOES THE COUNSELOR PLAY?

The counselor or caseworker looks at the family as an interlocking, interdependent system of communication and behavior patterns, often guided by the family norms, rituals, and roles. Family norms are what the family has agreed upon as the standard for the family group. Rituals are a set manner of performing rites. Roles are the expected part that each family member plays. Let's think of our own families and discuss examples of norms, rituals, and roles.

As the counselor observes these patterns, norms, rituals, and roles he should:

1. articulate and clarify what is going on

2. arbitrate between the areas of dysfunction

3. provide a role model as he communicates, handles his emotions and those of the family members, and behaves in a reasonable, predictable, sincere, open, and warm manner

4. help facilitate change

The past experiences of the family members and of the family as a whole are often relevant to present conflicts. It is quite common for family counselors to discuss the homes from which each spouse came, how and why they married, the experiences surrounding the children, and other major events in the life of the family.

HOW ARE OBJECTIVES DETERMINED AND HOW DO THEY RELATE TO THE CASEWORK PROCESS?

Specific goals will vary with each family, however the general goals of family casework often include:

1. improving communication

2. improving behavior patterns

3. helping members of the family deal with new roles, separations or additions to the family, events which upset established patterns of family life, and their relationships with the outside (non-family) world as they affect life within the family

4. helping family members gain greater insight and understanding about themselves and one another.

The number of sessions, spacing of sessions, location and permission to return for future treatment will vary from case to case. Sometimes a family will follow through the helping process conscientiously; other times they will request only specific help and will return later if their hesitations about counseling were laid to rest in the initial encounter. There are, of course, many in-between situations. Most often, a family will continue in counseling until their emotional pain has diminished and they feel they at least are on their way toward a solution. Sometimes making a contract for a certain number of sessions aimed toward specific, spelled-out goals is a useful tool.

Again, using the Nguyen case, what would your objectives be? What do you see happening as casework with this family continued? How would you help the parents adjust to cultural differences? To maturational changes? To separation? What about the sister? What about the relationship between the husband and wife? Do you think the son will return? Under what circumstances? What if he doesn't?

Let's leave the Nguyen family now and move on to the problem of assessment. As family counselors, we hope to improve communication and to help family members behave more positively toward each other. Understanding some of the basic principles about human behavior and communication will help us assess situations and will simultaneously suggest ways to deal with them.

WHAT BEHAVIOR PATTERNS DO WE LOOK FOR?

There are, according to those psychologists referred to as behaviorists, two important kinds of behavior.

1. Respondent behavior is a response to a previous stimulus.

2. Operant behavior is called into existence by the hope that it will be followed by a particular response.

In other words, human beings usually act in a specific manner because of something that has just happened or in order to make something happen. Let's take an example:

> A husband came home late and his wife was angry. Her loud words and furious manner were a reaction (respondent behavior) to her husband's tardiness. The next night the husband is careful to come home early (operant behavior) so that she will not be angry but perhaps pleased. The wife welcomes him (respondent behavior) with a smile and a cold glass of beer.

If you pay close attention to what happens before a particular action and what happens afterwards, you will be able to understand better why people act the way they do. You will also have a number of clues about how to help someone change (modify) his behavior. This kind of casework where we focus on changing behavior according to particular principles about respondent and operant behavior is called behavior modification.

Certain aspects of human behavior which we have already discussed can be summed up in ways useful to behavior modification casework.

1. Positive reinforcement (something pleasant or rewarding which follows a behavior) will increase the likelihood that the behavior will be repeated.

Johnny cleans his room regularly because his mother pays him 15¢ each time after he cleans it.

2. Punishment (something unpleasant which follows a behavior) will decrease the likelihood that the behavior will be repeated.

The small child no longer throws his food bowl on the floor because when he did so, his mother took away his dinner.

Tom never cleans his room because his mother always criticizes the way he does it and gets mad at him for not doing a better job.

3. The witholding of positive reinforcement will weaken the behavior (reduce the probability of future occurrence).

When the mother refused to stay home with the child who said she was too ill to go to school, the child ceased feeling "ill" and attended school regularly.

Sometimes we find a client behaving in ways which do not seem to be determined by present reinforcements. Behavior patterns often become habits and are continued or avoided because of past rewards or punishments.

Mary is afraid of all dogs. When she was quite young, a neighbor's dog bit her badly and she was hospitalized for several days.

> John eats too much, having several helpings at each meal. As a youngster the only time his busy parents paid him any attention was to compliment him on "eating a big dinner like a good boy."

These principles are especially important in assessing a situation where the family members seem to be involved in self-defeating or harmful behavior. By determining what has influenced a particular set of actions and/or what those actions are intending to bring about, the caseworker can often help the clients behave in more beneficial and productive ways. The following case is an example:

> Mrs. Wu came to the caseworker beacuse she was worried about her youngest daughter who was unable to go to sleep at night. Every night it was necessary for Mrs. Wu to lie down next to the daughter, who was nearly eleven, until the child went to sleep; if she did not, the child would cry, whimper with fear, and eventually start shrieking. The child took longer and longer to go to sleep until Mrs. Wu now had to lie down next to her for several hours. Mrs. Wu found that she either fell asleep for some time, awoke, and then found it difficult to get back to sleep at bedtime, or she would lie next to the child becoming more and more frustrated at the situation and by the time the child did fall asleep, was so upset she could not sleep. Since she worked, she was quite tired each day at the office and felt her work was suffering. To make matters worse, her husband worked a second job until eleven and therefore she was left with most of the chores to do at night.

What do you see going on here? Which behavior patterns are being rewarded by what? Remember, in order to change behavior, you must often change the contingent behavior as well as the reinforcement. What would you do for Mrs. Wu?

This is what an actual caseworker did for Mrs. Wu:

At the first session, he determined that Mrs. Wu was quite lonely and disliked her job at which she felt very inadequate. She felt that her job, which was an economic necessity, conflicted with her ability, time, and energy to be a good mother. She seemed to feel guilty about working; she also seemed discouraged because she "had to work." The caseworker suggested that at the next session all the family members meet with him to discuss the family situation.

Everyone showed up, although the husband seemed a bit reluctant. Once he began to talk, however, it was almost impossible to shut him up. He explained that because he felt guilty that his wife had to work so hard he had found a part-time job in the evening. When Mrs. Wu said that she still had to work so she'd rather he help out at home and keep her company, Mr. Wu responded by saying that he couldn't stand the hassle of bedtime and besides, he never saw his wife anyway in the evening. The child kept saying she was scared because Daddy was not home at night, although Mr. Wu said that even when he was home, she insisted on her mother's presence as she fell asleep. Mrs. Wu felt that her daughter was too old for this, but felt she should be a good mother and meet her child's needs.

The caseworker, although unsure exactly how the pattern had begun, began to see what was maintaining it. Thus over the next five sessions he got each member in the family to agree to a "contract" about bedtime practices.

Once the father realized that part of the reason for his night job was to get out of the house, he agreed to stay home. Mrs. Wu also began to see that she was actually rewarding her daughter's unhealthy behavior. She also admitted that she wanted company and attention, and with her husband gone it was somewhat rewarding for her to be needed by her daughter. The daughter was indeed afraid of the empty house, but she was also enjoying the control of her mother's time and attention which she felt she missed during other times of the day.

The caseworker asked each member to state what he wanted to change about themselves and each other in clear, observable terms. He asked the mother to explain what she meant by "guilty" - precisely what did she think a mother should do with a child each day? Eventually everyone arrived at a set of clear behavior objectives which could be put into a "contract."

The contract stated:

1. The father would be home at night. He would help around the house (specifically: fold clothes, clean floors, take out garbage) after Mrs. Wu had a cup of coffee with him when the children were in bed. (Mr. Wu had said: I want thirty minutes a day to have a quiet cup of coffee with my wife without having to listen to my daughter cry.)

2. Mrs. Wu would have a cup of coffee with her husband and would not lie down with the daughter. She and Mr. Wu, however, would play a game of the daughter's choice or do something with her for forty-five minutes after dinner, just before bedtime - contingent on the daughter's good behavior the night before.

3. The daughter agreed to go to bed alone if her father was in the house; her mother would check her once in a while, and they would not leave her alone in the house. She understood that the playtime with her parents was contingent on her good behavior and that her father's agreement to stay home at night rested on the fact that his wife would provide him company in the evenings.

4. To reinforce the daughter's motivation, the couple agreed to take her to a movie on Friday night if she had been good about bedtime all week. This increased the time they spent with her and decreased her need to control her parents or struggle for their attention.

5. The mother saw herself meeting the basic criteria of a "good mother" and was therefore not susceptible to the daughter making her feel guilty.

Such a case might seem extreme at first glance, yet all the caseworker did was institute some rather normal family behaviors for some very pathological ones in accordance with basic behavior modification principles. Most couples spend time together in the evening, most eleven-year-old kids go to bed by themselves, and most parents spend some time with their children. Every evening may be a bit too much, but as soon as the daughter felt her need for attention satisfied, the playtime dwindled down to once or twice a week, and the Friday movie provided the major reinforcement. Eventually, the new family harmony and happiness was enough reward for everyone to continue the new behavior habits.

XIV WIFE ABUSE - by Tina Birnbaum*

Objectives:

(1) Discuss stress and cultural transition as they relate to the marital dyad

(2) Profile the psychological traits of couples involved in an abusive relationship

(3) Suggest treatment interventions for abusive couples

*Tina Birnbaum is coordinator of the womens' program at Travelers Aid/ Immigrant Service

WHO'S BATTERED?

The most conservative estimates indicate that there are at least a million battered women in the U.S. today. The social problems, including wife abuse, that affect Americans are likely to appear among the newly arrived immigrant groups as well.

WHY DOES WIFE BEATING OCCUR?

To raise the question of wife abuse in many countries would be considered inappropriate since wife beating is a well-accepted cultural norm. In the U.S. there seem to be mixed messages concerning the legitimacy of wife abuse. While striking, hitting, or beating another person is illegal, a recent Harris Poll revealed that "20% of Americans thought there was a justified reason for a husband to hit his wife."[1] There seems to be, however, a growing awareness of the problem of wife abuse and, as social services for battered women increase, a decreased tolerance for abusive behavior.

While the norms of some cultures permit greater amounts of familial violence than others, we have observed that certain similar factors seem to contribute to abusive behavior. Stressful life experiences, isolation from support systems, dissatisfaction with the marital relationship, and role conflicts as women grow more independnet and men move away from traditionally prescribed masculine roles are just some of the factors which singly or, more often, in combination contribute to wife abuse. Refugees are often affected by many or all of these factors. Obviously stress may vary from individual to

[1]Richard Haas, "How Do You Answer That One?" A Guide to Community Education and Public Relations for Family Violence Workers, National Technical Assistance Center on Family Violence, 202 East Huron, Suite 101, Ann Arbor, MI 48104 (p.6).

to individual. Some situations, however, seem to produce stress reactions in most people - the death of someone close, moving to a new place, and serious financial problems are common examples.[2] The counselor can work with the client to help reduce stress whenever possible (i.e., help an unemployed client find more productive ways of coping with stress that cannot be "solved"; he can, for instance, encourage a depressed client who is denying the loss of a loved one to grieve more actively and openly).

Helping individual clients and communities to build support networks is also important. In some instances, however, the support network may act to reinforce traditional attitudes that allow wife abuse to be an acceptable part of the marital relationship. The counselor, when advocating for an abused woman, may seek the aid of formal or informal leaders in the support system, informing them of the destructive nature of this particular client's situation while acquainting the leaders with the legal ramifications of wife abuse. In addition, informing an abused client of her legal rights may also help reduce her feelings of helplessness.

The relationship between the partners in an abusive marriage is often extremely intense. The husband and wife may each have childlike dependency needs. In some instances stress triggers the feelings of dependence while in other instances these feelings may be due to inadequate parenting or other environmental factors. In any case, the two partners are competing for caretaking as each are in need of nurturing. When the man's overwhelming needs are not fulfilled, he may strike out in anger at his spouse. His anger often causes his wife to retreat in fear. She may compensate for her fear by trying harder to please him and comply with his demands. That the woman has needs of her own is frequently not recognized by either partner and therefore her needs obviously are not met.

[2]Thomas H. Helmes and Richard H. Rahe, "The Social Readjustment Rating Scale," Journal of Psychosomatic Research 1967 11:213-218.

Most often the partners in an abusive relationship are quite traditional. The woman, although her role may be in transition, basically believes in the attitudes and values of a traditional marriage and the woman's role in that marriage, and the husband believes in the orthodox traditional male role. He must be strong and tough, always in control, never allowing himself to feel or express soft or tender feelings. Since no one can be strong and tough all the time, however, abusive men often feel they must suppress the "soft" parts of their personalities; when these suppressed feelings do crop up, they may make the man feel as though he's losing control and is somehow not masculine enough. The beating of the spouse, then, may be viewed as an attempt to reexert control and prove his masculinity.

WHY DOES SHE STAY AND TAKE IT?

Many wives don't stay and take it. We know that in many divorce cases spouse abuse is a factor, although the legal grounds may be something other than physical cruelty. There are, however, several reasons why women do stay. Fear is probably the chief reason for staying with an abusive spouse, fear which is immobilizing and paralyzing. The violent encounter seems to paralyze the victim who doesn't allow herself to experience her anger directly. This passivity and denial may be used by some women as a defense against an otherwise overwhelming rage.

Shame is another reason for staying. Women who are beaten are often heavily invested in the traditional female role; their main source of self-esteem comes from the wife/mother role. To admit to being severely beaten or to leave the marriage is to fail to fulfill her role expectations.

Often, too, battered women get caught up in a vicious cycle of blaming themselves for their husband's violence (if he beats me, I must deserve it, and a worthless person like me doesn't deserve any better than this), thus reinforcing the passive behavior. Women who do leave are frequently hunted down by their husbands and beaten even more severely. Calling the police

may produce a similar response whereby the abuser becomes even more enraged because the wife has taken steps to control the abuse.

The bottom line for many women is the lack of money, skills, and resources needed to support themselves and their children. The women who are most apt to seek help and/or leave the abusing spouse are, not surprisingly, the women who have the most resources. The problems facing women with children - no means of financial support and no place to go - are overwhelming and act as a deterrent to leaving. The fact that the abuse frequently begins when the woman is most vulnerable, during pregnancy or immediately after the birth of a child, acts as a further deterrent.

WHAT CAN BE DONE?

Often the victim will not make the changes in her life that the counselor sees as most desirable. As counselors, we often feel frustrated and want to "do it for her." It is most important for women, however, to learn to take control of their own lives and thereby regain their self-esteem. This is a gradual but important process whereby the client increases her own awareness of her wants, alternatives, and power and plans ways to meet her needs and wants. The work with the client then must focus on the ways we can be most helpful in facilitating these desired changes.

In working with the abusive man, it is important to help him find less destructive ways in which to deal with stress and frustration. It is also important to help him to learn to be sensitive to his needs and feelings, especially feelings that he may experience as threatening to his masculinity. For example, in a couple where both partners work outside the home, the wife may begin to expect help with the household chores from her husband. He may feel that to perform such duties is demeaning, that he will lose status as a man if he does "women's work." Sometimes working with men in a group where feelings and responses can be shared is most helpful, especially for men who fear losing face with other men.

In working with marital couples, in helping the partners to individuate - to function as whole persons cognizant of their feelings, thoughts, and actions - it is important that they strive to communicate freely and openly.

ROLE PLAY EXERCISE

Divide the class into groups of three. In each triad, assign one person to take the role of the counselor, one to take the role of the client, and one to act as an observer who shares perceptions when the role play is finished. Allow fifteen minutes for the role play and ten to fifteen minutes for a discussion following it.

1. A woman comes to you for help with another problem. You notice that she's severely bruised but seems reluctant to discuss how she got hurt.

2. A client comes to you for help in finding a job. In the course of the interview you discover that his wife is working, learning English, and is generally doing better than he is in adjusting. Your client vents his frustrations by beating his wife.

3. A couple comes to you for counseling; they are having marital difficulties including verbal and physical abuse. Each partner blames the other for the problems in the marriage. They are each requesting that you make the other partner change his/her behavior.

XV CHILD ABUSE/NEGLECT by Sandra Young Fried*

Objectives:

(1) Familiarize trainees with Illinois acts on child abuse/neglect

(2) Discuss dynamics present in refugee families that might contribute to child abuse/neglect

(3) Present treatment modality for working with abusive families

(4) Explore the trainees' feelings in working with abusive families

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ILLINOIS ACTS ON CHILD ABUSE/NEGLECT

Since 1 July 1980, the State of Illinois has had an Abused and Neglected Child Reporting Act. The Act defines "abuse," both physical and emotional, and "neglect" which includes medical, educational, and other care necessary for the well-being of the child.

The Act designates persons required to report abuse/neglect - included are hospital personnel engaged in examinations, treatment, and care of persons; school personnel; social workers, nursery school and day care personnel; registered psychologists; Department of Mental Health; Department of Public Health; Department of Corrections; and child care and foster care personnel. It is stated in the Act that "The privileged quality of communication between any professional required to report and his patient or client shall not apply to situations involving abused or neglected children and shall not constitute grounds for failure to report as required by this Act." It further states that any person who has reasonable cause to believe a child may be abused or neglected may report.

The following system is set up to handle such reports:

1. A statewide toll free number maintained by the Department of Children and Family Services is available: (800) 25-ABUSE.

2. The report is transmitted to the region's appropriate child Protective Service Unit.

3. Investigation will begin within twenty-four hours of receipt of the report.

4. Result of the investigation will determine if the report is "unfounded," "indicated," or "undetermined."

5. If the report is "indicated," the Department will take the necessary steps. These could include removal of the child by 'temporary custody" if the child is believed to be in imminent danger, or protective and supportive services to the family such as counseling and casework services as deemed appropriate by the Department. The court system may or may not be involved depending on individual assessment of the case. All states have similar laws and systems of reporting and implementing services. The caseworker will need to know the specific law in his state.

CULTURAL IMPLICATIONS FOR REFUGEE FAMILIES

Caseworkers who see refugee families will find it helpful to know the abusive family's dynamics. In addition, the stress of relocation and adjustment difficulties can be an extra source of family tension. Loss of former self-esteem, loss of family's material possessions, as well as devastating loss or separation from family members could contribute to abuse. Children sometimes handle adjustment to a new culture with more ease than their parents which can lead to conflict and role reversal.

Child abuse occurs in every strata of society, no matter what level of education and occupation the parents have achieved. Child abusers often have strong feelings of worthlessness.

WHY DO PARENTS ABUSE THEIR CHILDREN?

The causes for child abuse are as varied as the people involved. Parents who themselves were victims of abusive families often pass on the behavior as a learned response. They feel remorseful that they continue the pattern but their lack of self-esteem blocks their ability to change. They attempt to justify the abuse by placing the blame on the child, on social conditions, on each other; or they may rationalize their behavior by convincing themselves that their children need strict discipline to prepare

them for the difficulties of adulthood. Many parents are unaware of the developmental needs of children. Children in the process of accomplishing their own developmental tasks may be viewed by the parent as out of control and in need of discipline.

A four-year-old who makes up fantastic stories to please the parent may be punished for lying. The child's attempt to explore his world often conflicts with the parents' sense of order and is not tolerated. The child's efforts to discover his surroundings and solve his problems are not seen as a valuable experience. An exasperated mother might see this drive for autonomy as an attack on her personally. The child is threatened with lack of approval for testing his perceptions. The mother becomes more limiting while the child becomes more adament in fulfilling his developmental task to "know" and "experience" who he is. The scene is set. The parent needs skills he/she does not have to resolve the conflict, and thus the conflict is resolved with force. The parent/child relationship becomes an adversary one.

In cultures that traditionally regard women as subordinate, power becomes an important issue. If a woman's influence does not extend beyond her home, the home is her only source of power. Her worth is measured by how well she meets the needs of her family. If the children interfere with the performance of her duties as a homemaker, they indirectly become responsible for her lack of esteem. If the children are helpful and cooperative, they enhance her worth and thus her power. Children in such homes learn that they, ultimately, are the ones with the power. They can provoke discord or promote harmony by their behavior. In such situations, a mother will attempt to control their behavior in order to meet her needs.

Parents who use their children in order to work out their own unresolved conflicts often make them "victims." If a parent is overwhelmed by the responsibilities of adulthood, he/she may turn to the child for emotional support, and the generational bounderies may become unclear. The child will be expected to function as the adult. These unrealistic demands burden the child and produce conflict and confusion.

Families transplanted from their original culture may find their children torn between old and new sets of values; indeed the parents themselves may be similarly affected. Caught between two sets of cultures, the family may experience a period of disorganization and may find professional guidance and support helpful. The heavy demands living in one culture while attempting to implement the values of another can produce feelings of isolation. The family will need ties to others going through the same process to give continuity to their lives.

A family that has made the decision to become "strangers in a strange land" has done so with certain hopes and expectations for a better life. Although they surely have considered the possibilities of difficulty and disappointment, the realities of unfulfilled expectations can produce a range of feelings for which they are unprepared. Anger and depression may be additional burdens and coping mechanisms may be depleted.

Child abuse/neglect is a symptom of family dysfunction. The cause of the dysfunction may be clear to a caseworker but may be hidden from the family.

It is essential that the underlying causes of an abusive family's behavior are revealed and that alternative ways of functioning are found. Parents do not purposefully abuse or neglect their children. Their self-condemnation and guilt are apparent. The caseworker intrudes on this vulnerability and reveals a "family secret"; he will need to proceed with care and respect. Before a family can begin to change their patterns, they will need to form a trusting relationship with the worker. This trust will come easier, once the worker begins to reduce the stress and tension in the family.

If the abuse persists, the worker will need to probe deeper in order to uncover the next layer of stress. The family will provide the clues; the worker needs to be a good observer. If he sees a lack of communication among the family members he will want to focus on communication skills. Families benefit from accurate feedback and need to be actively engaged in

the healing process. Dependency on the worker will gradually shift to family members as they become aware of their own abilities and strengths. This is not, however, a simple process. Many families are suffering from problems on various levels, and the worker may find himself taking on too much responsibility, proceeding faster than the family is able and, perhaps, following his own, rather than the family's, agenda. It is then time to stop and redefine the goals with the family.

There also are other pitfalls common to all casework. The family may begin to function to please the worker. If regression occurs, the family may feel guilty and attempt to keep it hidden from the worker. This unites the family in a common purpose, and on the surface they may appear to progress. This usually results from proceeding too fast, and the worker will need to discuss what went wrong.

In some cases, the worker may want to offer group therapy to the family, especially if the parents are experiencing conflicts that are blocking progress or if they are growing at different rates and in different directions.

In other cases, the worker may panic at seeing family members striving to individuate. Learning to be an individual is hard enough and learning to be an individual in a family is even harder. The purpose and function of the family unit may appear in jeopardy when individual members exercise their freedom. Some family members may be ready to change and grow while others are not. The growth of one may threaten the status of another. Children freed from the threat of abuse may take advantage of their parents and push them to new limits. It will be necessary to negotiate the conflicts with a set of expectations, consequences, and rewards agreed upon by all.

Therapy is, in the end, a learning experience in which old patterns of functioning are reviewed: some may be discarded and replaced by new methods; some may be retained as positive and necessary. The family becomes aware of their significance through testing, experiencing, and choosing those functional behaviors which are based on the family's values.

The caseworker is friend, teacher, guide, model, listener, and is actively involved and invested in the process of change. He, too, is a person with his own set of values and experiences which can be shared but should not be imposed upon the family. He can make mistakes, become overwhelmed, overreact, foster dependency, feel angry, frustrated, and disappointed. By acknowledging his own feelings, he can more successfully help the family, and he too can grow.

There is no "formula" for working with abusive families. There are, however, some basic guidelines:

1. Abuse hurts. It hurts the children and the parents. It weakens the family, the culture group, and society.

2. No parent chooses to hurt or neglect his child. No child chooses to be hurt or neglected. However, abusive patterns, once begun, are self-perpetuating.

3. Families can change. Abuse can be deprogrammed and alternative behaviors substituted.

4. Stress, poverty, low self-esteem, cultural patterns, lack of parenting skills can contribute to abuse/neglect.

5. Identify <u>power</u> - who has it and how it is used in the family; who doesn't have it and how this lack of power affects others.

6. Differentiate family roles and whether these roles are imposed or chosen.

7. Knowledge of the family story or history told by each member from his own perspective gives the family and the caseworker a basis on which to work.

8. Based on the family story, the worker can help the family set goals and objectives for change.

9. Change is hard work. It is going from the known to the unknown, from the familiar to the unfamiliar.

10. Family members may change and that change may threaten other members who may block and resist further change.

11. Any change may be met with a sense of loss.

12. Change can happen in a relationship of nonjudgmental trust. Regression is a normal part of the process of change. It tests the therapeutic relationship.

As child abuse/neglect laws have gone into effect, the reported cases of abuse have steadily risen. In working with the families involved, the shock of the statistics is replaced with the hopefulness of resolution. The great majority of families are committed to learning more positive ways of coping with their problems.

XVI GROUP WORK

Objectives:

(1) Introduce group work as another treatment method that can be used effectively to help refugees

(2) Stress the three levels of interaction operating simultaneously in all groups

(3) Present the stages of group work

(4) Discuss the role of the group worker

In the past sessions we have focused on helping our clients by means of individual, couple, or family counseling. Today we will discuss group work as still another treatment method.

THE PURPOSE OF THE GROUP

Group work is most effective when a common need exists among individuals. The goals of the agency, the individual group members, and the group as a whole must be compatible for a positive group experience. A group purpose enables the group members to develop a bond and put their energies toward attaining their common goal. A purposeful orientation provides the group worker with a framework for observation, assessment, and action.[1]

There are many types of groups that can be helpful to your refugee community. Think about your client population. What are some common needs among the individuals? What types of groups could be effective? What would be the purpose of the group?

SELECTING GROUP MEMBERS

Treatment groups usually have between eight and twelve members. Groups with more than twelve members can result in intensified subgroups. One-to-one interaction is also more difficult in larger groups. Since most groups have some absences, however, it is wise not to form a group with just a few members.

It is also wise to avoid having one group member who is extremely different from the others. For example, avoid having one withdrawn person in a group of very active speakers or one slightly retarded person in a group of highly intelligent members. When one group member is very different from the rest, he often becomes the group's scapegoat and gets picked on by the other members.

[1]See Baruch Levine, Fundamentals of Group Treatment (Northbrook, 1967), p. 2.

LEVELS OF INTERACTION IN GROUPS[2]

All groups operate on three levels of interaction simultaneously:

1. The content or task level

   This is what the group is trying to discuss or achieve; it is the level with which we are most familiar.

2. The personal level

   Here each person brings his own individuality to the group; each group member will have his own goals and expectations and will have his own way of relating to others.

3. The process level

   This level involves the patterns of interaction among the group members and between the members and the leader; it includes how the content is discussed and dealt with, the affect expressed, and the nonverbal gestures.

Let's illustrate the three levels of interaction. There is a group of Vietnamese women meeting to discuss family planning with a worker. The content level is the discussion of positive and negative aspects of various birth control methods. For Mrs. Nguyen, the personal level is that she already has five children, opposes abortion, and does not want to get pregnant again. In regards to the process level, this is the third group meeting and the tone of the meeting has changed significantly since the first gathering. At the first meeting several members appeared very uncomfortable and hardly spoke. At the third meeting, however, the women are interacting more freely with one another and are comfortable enough to ask questions when they don't understand something.

[2]See Joy Johnson, Use of Groups in Schools (Washington, D.C., 1976), p. 9.

GROUP STAGES

Each group goes through these stages of development. There is not, however, always a clear delineation between stages.

1. Initial stage

The first meeting often begins with the group worker suggesting that the members introduce themselves. The process of getting to know each other will continue for many sessions. A discussion often follows about their commonalities and the group purpose. Group rules, such as the importance of confidentiality, are mentioned at the first meeting and group norms begin to take shape.

During the initial stage there is a preoccupation with sizing up one another and searching for meaning within the group. Members attempt to answer the following questions:

(a) Who is here?

(b) Why are they here?

(c) Where do I fit in?

(d) How do I compare with others?[3]

Members in the initial stage are often dependent on the group worker. They look to the worker for approval and acceptance as well as for structure; they also search for approval from other members.

[3]See Levine, Fundamentals of Group Treatment, p. 42.

2. Power and conflict

Members are often preoccupied with establishing a place for themselves in the group during this second stage and are also concerned with dominance and control. These concerns often result in conflicts among members or between members and the worker. During this stage the group decides how decisions are going to be made.

3. Group cohesiveness

During this stage the group develops into a cohesive unit and experiences a group spirit. The members become closer with each other and often reveal more about themselves. They avoid any conflict or challenging other members in fear that they will upset the group's cohesion.

4. Advanced stage

At this point, members feel safe and comfortable enough with each other so that they can risk being more open. In contrast to the previous stage, members can now challenge and confront each other without the fear of upsetting the group cohesion.

5. Termination

Groups terminate for various reasons. Some groups are set up to meet for a specific number of sessions. Other groups terminate when group members and the worker agree that they have gone as far as they can to reach their goals. Still in other groups, that are open ended; individual members terminate and are replaced by new members. Regardless of why the group terminates, the end of a group brings a real sense of loss. Members thus will need an opportunity to explore their feelings about the termination.

Group discussions on what members learned from the group and how members are now coping with the problems that brought them into the group can be helpful in terminating the counseling.

TASKS OF GROUP WORKER CAN INCLUDE THE FOLLOWING:

1. The worker will facilitate communication among group members.

2. The worker helps group members achieve their goals.

3. The worker will intervene if the group is not emotionally safe for group members.

4. The worker will help resolve conflict in the group by being perceived as neutral, thus encouraging both sides to express issues.

5. The worker will point out interpersonal behavior patterns.

COMPONENTS OF GROUP PROCESS [4]

1. Norms are behaviors that the group members agree should exist.

2. Roles

People take on individual roles which affect the group as a whole.

(a) Basic maintenance roles are necessary for any group.

(i) the leader is someone within the group who directs the other members

[4]See Johnson, Use of Groups in Schools, pp. 14-19.

(ii) the group nurturer is the person who tries to take care of the other members

(iii) the enabler sees that everyone's point of view is taken into account

(iv) the subject-changer changes the subject when topics are too "heated," boring, or irrelevant

(b) Some people take on negative roles which indicate problems in the group process.

(i) the scapegoat is either picked on by others because he is different from them or is set up to act out for the rest of the group

(ii) the group monopolist is the person who tries to take over the discussion

(iii) the isolationist is the person who the rest of the group shuts out and is not allowed to be a part of the group

Many of the principles that we've discussed today apply not only to therapeutic groups but to any group situation. Think of group meetings that you attend (e.g., Cambodian Association, community meeting, or even a staff meeting), and you can begin to analyze group behavior. Workers can use their understanding of group dynamics to help groups form, to bring people together, to support responsible group leaders, and to be leaders themselves in community-based groups.

WHY IS GROUP WORK AN IMPORTANT TOOL IN WORKING WITH REFUGEES?

1. Few mental health professionals speak the various Southeast Asian languages; thus, individual counseling is not always available.

2. The nature of a refugee problem is often suited to a group approach.

3. Many refugees share common needs. Groups can focus on a variety of pertinent issues for refugees, including cultural adjustment, employment, family planning, and alcoholism.

4. Groups give Southeast Asian refugees a chance to help each other and strengthen their cultural ties and sense of belonging to a community.

XVII CASE PRESENTATIONS

Objectives: As a culmination of this course, students will present an actual case that they have worked on or are currently working on. This case presentation should demonstrate their ability to integrate course material with their job performance. Students are encouraged to present cases orally so that the other trainees can learn from their experiences.

CASE PRESENTATION GUIDELINES

1. Identifying information

   (a) Fictitious home, age, sex, ethnic background, occupation (both prior to arrival in U.S. and current), appearance, marital status, source of referral

2. Presenting problem expressed by client(s)

   (a) Onset and development, previous attempts to cope and results; if long-standing problem, why does the client come at this time?

3. Selected areas of functioning

   (a) Sleeping (difficulty getting to sleep, waking early)

   (b) Eating (weight loss or gain)

   (c) Physical problems

   (d) Medication

   (e) Hallucinations, hearing voices

4. Brief history

   (a) Relevant family history, marriage

5. Highlight of sessions with client(s)

   (a) Response of client(s), both verbal and nonverbal: cooperative? indifferent? aggressive? motivated in working on problem?

   (b) Client-caseworker relationship

   (c) If family case: interactions between family members, "identified patient"

6. Significant cultural factors

   (a) Are there significant cultural factors that affect the case?

   (b) How would the client(s) culture approach the problem?

7. Diagnosis

   (a) What is the problem: what psychological, medical, or external pressures contribute to or cause the problem?

   (b) What effect does the problem have on the individual's well-being

8. Goal(s)

   (a) Be realistic with goal(s)

   (b) Take into account the client's motivation, opportunity, and capacity

   (c) Limit to solution sought for the particular problem identified between client and caseworker

   (d) Role of worker

9. Treatment or action plan

   (a) Carrying out the plan - specific as to point of intervention and assignment of tasks; resources and services to be utilized; methods by which they are to be used; who is to do what and when

10. *Termination

   (a) Evaluation with client of task accomplishment and meaning of process

*If you chose to present a case that you are currently working on, omit 10 Termination.